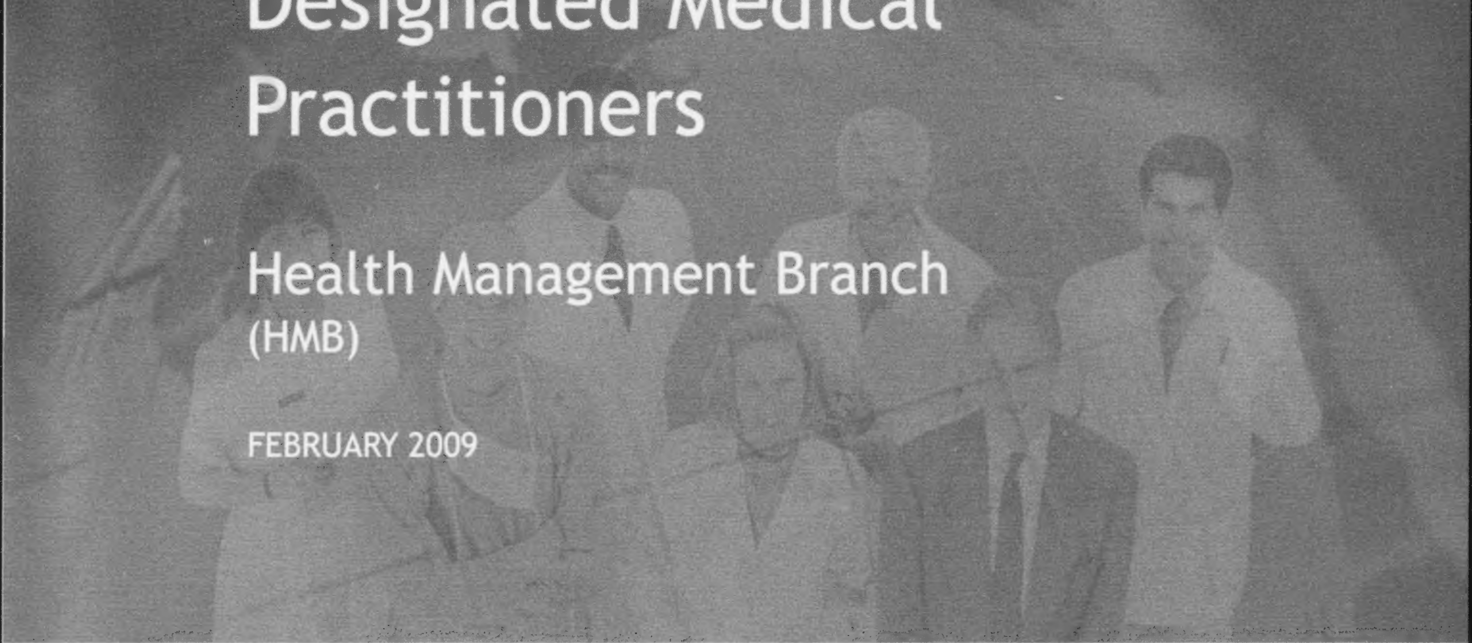

HANDBOOK FOR Designated Medical Practitioners

Health Management Branch
(HMB)

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Foreword

Canadian legislation—the *Immigration and Refugee Protection Act* and Regulations—requires that applicants for permanent residence and some individuals applying for temporary residence have their health status evaluated. The basis of that evaluation is an immigration medical examination (IME) performed by a medical practitioner designated by Citizenship and Immigration Canada.

The Health Management Branch is the organizational unit within Citizenship and Immigration Canada that is responsible for the administration and delivery of the Department's health management programs, including management of the medical practitioners who perform IMEs in Canada and abroad. The Branch provides immigration medical services through 10 regional medical offices. The regional office for North America is located at Branch headquarters in Ottawa, while nine other regional medical offices located in Canadian embassies and high commissions abroad provide service to other global regions. Addresses and contact information are located in Appendix I.

The Health Management Branch is responsible for selecting, appointing, monitoring, evaluating and, when required, suspending or terminating designated medical practitioners. It is also responsible for preparing the training and reference materials used by practitioners performing Canadian IMEs, as well as the policy framework that governs the IME process. The Branch supports the functions of designated medical practitioners performing Canadian IMEs through advice, guidance, liaison visits and instruction.

Further information on Canada's immigration program can be found on the Department's website at www.cic.gc.ca. Additional information on the Government of Canada can be found at www.gc.ca.

Chapter 1

1.1 Purpose of the Handbook

Designated medical practitioners (DMPs) play an important role for the Department conducting the immigration medical examination (IME) of applicants for permanent and temporary residency in Canada. This handbook provides instructions, information and reference material related to the role and functions of DMPs, and the Canadian immigration medical examination processes. It also describes the administrative and operational aspects of the DMPs' responsibilities and provides contact information so that DMPs can obtain additional information or clarification, if required. The handbook is also available in electronic format on the Citizenship and Immigration Canada (CIC) website at http://www.cic.gc.ca/english/resources/publications/dmp-handbook/index.asp.

Both the immigration process and aspects of migrants' health are subject to change. Periodic amendments and updates to this handbook will consequently be prepared and issued when required. These updates and amendments will supersede the previous relevant sections of this handbook. For those DMPs with Internet access, the handbook and revisions will also be made available online.

Comments regarding errors or omissions are appreciated. Comments should be forwarded to the regional medical officer responsible for your region or to the Manager, DMP Program, Health Management Branch, Citizenship and Immigration Canada. Contact information is provided in Appendix I.

1.2 Definitions and Acronyms

The following list gives a definition of acronyms found in this manual and others that DMPs may encounter in their work.

Applicant - Any person who applies to enter or remain in Canada as a permanent resident (including refugees) or as a temporary resident (including tourists, students or temporary workers).

CBSA - Canada Border Services Agency. The government agency that manages the access of people and goods to and from Canada (www.cbsa-asfc.gc.ca).

CDC - U.S. Centers for Disease Control and Prevention

CIC - Citizenship and Immigration Canada

DICA - Department of Immigration and Citizenship of Australia

DMP - Designated medical practitioner. A medical professional appointed by CIC to perform immigration medical examinations and report on the health status of potential permanent and temporary residents to Canada. Depending on the situation, there are various types of DMP appointments (see Chapter 4 for details).

EIA - Enzyme immunoassay

Excessive Demand - Requirements for medical or social services of such a level as to threaten the sustainability of Canada's publicly funded health-care system, or deny or delay access to Canadians that would prevent the admission of an applicant to Canada.

EDE - Excessive demand exempt. Applicants for immigration to Canada who, due to specific aspects of the legislation, are not evaluated or assessed for inadmissibility on the grounds of expected demands on health and/or social services.

Furthered Case - A medical officer may determine, upon reviewing the medical documents received from a DMP, that additional or more detailed information is required to complete an applicant's medical assessment. This additional information may be in the form of supplemental or more detailed clinical or laboratory investigations, or reports and analysis from consultants or specialists. Cases where this additional information is requested are said to be "furthered."

HMB - Health Management Branch, CIC

IMA - Immigration medical assessment. The standardized medical determination made by a medical officer concluding whether an applicant's health condition is likely to be a danger to public health or public safety, or might reasonably be expected to cause excessive demand.

IME - Immigration medical examination

IMM 1017 - Canadian immigration medical examination form used for non-excessive demand exempt applicants. A sample is provided in Appendix II.

IMM 1017 EDE-EFE - Canadian immigration medical examination form used for certain excessive demand exempt applicants. It is similar in appearance to the IMM 1017, but marked with an EDE-EFE stamp to indicate it is an excessive demand exempt case. A sample is provided in Appendix II.

IMM 1017 EFC - Canadian immigration medical examination form used for certain excessive demand exempt family class applicants. A sample is provided in Appendix II. It should be noted that there are two versions of this form: one used outside Canada, and one for applicants in Canada. Details are provided in Chapter 11.

IRB - Immigration and Refugee Board. An independent administrative tribunal that makes decisions on immigration and refugee matters in Canada (www.irb-cisr.gc.ca).

Immigration and Refugee Protection Act (IRPA) and Regulations - Canadian legislation regulating the immigration process, including immigration health activities and the immigration medical examination.

IOM - International Organization for Migration

Locum Tenens – Physician substitute acting for the DMP, from the Latin term “to hold one’s place.”

Medical Assessment - A medical determination made by a medical officer or assistants concluding whether an applicant’s health condition is likely to be a danger to public health or public safety, or might reasonably be expected to cause excessive demand.

Medical Examination - Includes the review of the functional inquiry for both recent and past aspects of the applicant’s medical history, the findings on physical and mental examination, and the results of relevant radiology, laboratory and diagnostic tests.

Medical Officer - A physician authorized by the Minister of Citizenship, Immigration and Multiculturalism under the Act to provide immigration medical assessments. Medical officers are employees of the Government of Canada and should not be confused with locally appointed DMPs (see the definition of DMP).

Medical Report - Medical Report forms IMM 1017 and IMM 5419 are used to record the results of the medical examination. Depending on the type of applicant, several different versions of the IMM 1017 are used.

PHAC – Public Health Agency of Canada

RMO - Regional medical office. The operational location for CIC medical officers. The primary contact and the place to which DMPs should forward

Medical Reports and correspondence. Contact information is provided in Appendix I.

RMOF - Regional medical officer. CIC medical officers with regional responsibility for the Canadian immigration health program.

SMS - Short message service. A telecommunications protocol that allows the transmission of short text messages between mobile telephones.

TST - Tuberculin skin test

Visa Officer/Immigration Officer - A person designated as an officer for the purposes of immigration legislation by the Minister of Citizenship, Immigration and Multiculturalism.

WHO - World Health Organization

Chapter 2:

Legislation Related to the Immigration Medical Examination

Immigration to Canada is a federally mandated activity performed in accordance with national legislation. The following pieces of legislation define and regulate immigration and immigration-related medical activities.

2.1 *Immigration and Refugee Protection Act*

Canada's immigration law, the *Immigration and Refugee Protection Act* (IRPA), came into effect in June 2002, replacing the previous Immigration Act of 1976. The legislation is designed to ensure that the movement of people into Canada contributes to the country's social and economic interests, and meets its humanitarian commitments while protecting the health, safety and security of Canadians.

IRPA and the accompanying regulations define the medical requirements that applicants for residence in Canada must meet. In addition, the legislation defines the medical criteria that render individuals inadmissible on medical grounds to immigrate to Canada.

IRPA provides three health grounds for inadmissibility:

- danger to public health
- danger to public safety
- excessive demand on health or social services

The Canadian immigration medical process consists of two components: the immigration medical examination; and the determination, based on that examination, of the applicant's admissibility to Canada on medical grounds. The latter process is called the immigration medical assessment (IMA).

Canadian immigration legislation is structured so that the immigration medical examination of applicants is separated from the IMA. DMPs are authorized to perform immigration medical examinations, arrange for diagnostic and laboratory investigations, and complete Canadian immigration medical forms. They do not have the authority to assess or determine whether the medical conditions of applicants are grounds for inadmissibility. In addition, DMPs do not have the knowledge of all the elements necessary to make a determination, and cannot form an opinion or provide guidance to any applicant to that effect. The authority for determining medical inadmissibility for immigration to Canada (IMA) rests with Canadian immigration medical personnel.

A copy of the Act may be viewed at http://laws.justice.gc.ca/en/ShowTdm/cs/I-2.5.

2.2 Personal Information Access and Legislation

Applicants often request copies of their immigration medical forms from DMPs. However, Canadian immigration medical forms become the property of CIC. *DMPS are not to give them to applicants or their representatives either for transmission to CIC or retention by the applicants*. Instructions on how DMPs should deal with applicants' requests for copies of their immigration medical records are provided in Chapter 6.

The following three acts provide individuals with the right to access and request correction of the personal information that may have been collected about them.

The *Privacy Act*

This legislation protects the privacy of all Canadian citizens and permanent residents regarding personal information held by a government institution. However, it gives these individuals, including those in Canada who are not permanent residents or citizens, the right to access their own personal information. The Act may be found at http://laws.justice.gc.ca/en/P-21/index.html.

> Under the *Privacy Act*, individuals can gain access to their personal immigration medical records. There is no obligation to hire a representative for access to information and privacy matters. The Government of Canada treats everyone equally, whether they use the services of a representative or not.

Access to Information Act

The *Access to Information Act* gives every Canadian citizen, permanent resident and individual or corporation present in Canada the right to access records—in any format—that are held under the control of a government institution, subject to certain specific and limited exceptions. The *Access to Information Act* may be found at http://laws.justice.gc.ca/en/a-1/8.html.

The Act is used to access information under government control, other than an individual's own personal information. It is often used by applicants' family members or representatives in Canada (with their permission or authorization) to request information about their immigration medical file.

Personal Information Protection and DMPs in Canada

Personal information in Canada is also protected by the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and by provincial and territorial legislation dealing with privacy. This legislation, which applies only to DMPs in Canada, sets out rules for how organizations, including medical professionals, may collect, use or disclose personal information in the course of their activities. DMPs in Canada will have been advised by their professional organizations or regulating bodies regarding the application of PIPEDA and provincial/territorial privacy legislation, and the steps they should take to manage information.

PIPEDA is available online at http://laws.justice.gc.ca/en/P-8.6/.

Chapter 3:
The Work of Designated Medical Practitioners

3.1 Responsibilities and Duties

DMPs[1] (either institutional or individual) for the Canadian immigration medical program are responsible for several duties and activities that are related to specific aspects of their role in the IME process.

When performing Canadian immigration medical examinations, DMPs are responsible for:

Responsibilities related to knowledge
Maintaining familiarity with and knowledge of the DMP Handbook, and departmental instructions and requirements regarding the performance of Canadian IMEs
Ensuring that office, clinic or laboratory staff under their direct control are aware of and knowledgeable about the requirements and standards for the Canadian IME
Ensuring that laboratories and radiology clinics used to provide routine tests and investigations are aware of and knowledgeable about CIC requirements, and adhere to instructions regarding verification of the applicant's identity
Ensuring that consultants and facilities providing consultation, specialist reports, or additional tests and investigations are aware of and knowledgeable about departmental requirements, and adhere to instructions regarding verification of the applicant's identity

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[1] In this chapter, "DMP" refers to both individuals appointed as designated medical practitioners and institutions or organizations appointed by CIC to undertake IMEs.

Responsibilities related to standards
Adhering to and applying the guidelines and instructions presented in the DMP Handbook and provided by CIC
Providing timely appointments for any applicant requesting an IME
Conducting an IME, including physical and mental examination and routine tests, according to the guidelines provided in this Handbook, and subsequent amendments and instructions issued by CIC
Ensuring that clinical laboratories and radiological clinics used for Canadian IMEs are registered, licensed by local regulatory authorities, and meet local, national and international standards as defined by the responsible regional medical office and CIC
Providing appropriate counselling for clients who undergo HIV testing
Arranging appropriate consultations or additional tests, and ensuring that those providing the supplemental tests or consultations are aware of the reason for the request (i.e., medical assessment for immigration and not therapeutic purposes)
Completing appropriate CIC Medical Report forms and documentation, and forwarding these documents to a CIC regional medical office
Ensuring that the fees charged for immigration medical services fairly represent the services performed and adhere to local, CIC-defined or other standard fee guidelines, where appropriate
Advising the responsible regional medical office of any change in practice location or contact information (phone, fax, e-mail) within 14 days of that change
Responsibilities related to official languages
Ensuring that CIC is aware of their linguistic abilities and capacities so that applicants can be advised should they request services in an official language
In locations where CIC has bilingual service obligations, ensuring that Canadian immigration medical forms and information are available in both official languages
Responsibilities related to conflict of interest and ethics
Maintaining the confidentiality of all immigration medical information in their control
Adhering to the conflict of interest guidelines described in Section 3.2 of this Handbook
Responsibilities related to performance evaluation
Ensuring that they make themselves and their staff available, on sufficient notice, for evaluation, monitoring, training or educational activities or visits when requested by the regional medical officer

3.2 Professional Conduct, Ethics and Conflict of Interest

In their role of providing services for CIC, DMPs may become involved in situations where their loyalties may be divided or where the personal interests of the applicant for immigration may conflict with the DMPs' responsibilities.[2] DMPs are expected to display professional behavior, to conduct themselves and perform their IME-related activities in a manner that reflects the principles of both their medical profession and CIC. When issues or events arise involving professional conduct or behavior, the DMP must notify the responsible regional medical office (RMO). The following events require notification to the regional medical officer within the times specified:

Events or activities requiring notification to RMO	Timeline
DMPs who are suspended or under investigation by their respective medical or regulatory authorities	within 14 days of the event
DMPs charged or convicted of offences	within 14 days of the event
Any unprofessional or inappropriate activity in relation to the undertaking of Canadian IMEs by clinic, office, laboratory or radiology staff	within 14 days of the event
Any disciplinary action or termination of employment of clinic, office, laboratory or radiology staff related to issues or situations involving Canadian IMEs	within 14 days of the event

To reduce the risk of conflict of interest, DMPs should take the following action:

- Note that applicants are entitled to attend the DMP of their choice. DMPs should not criticize other DMPs or attempt to influence applicants' selection of DMPs. Any concerns regarding the activities of other DMPs in terms of the performance of Canadian immigration medical examinations should be brought to the attention of the RMO.
- Not perform Canadian immigration medical examinations for members of their family, employees, current patients or other persons to whom they owe a personal or legal obligation, unless authorized by CIC.
- Ensure that remuneration for IMEs and related services is limited to a fee schedule provided to officials in CIC's Health Management Branch (HMB) and posted in the DMPs' clinic or facility. See Chapter 7 for more information about fees.

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[2] **Examples include situations where the DMP becomes involved in the delivery or provision of direct medical care to the applicant, or situations in which the DMP believes that the applicant's medical condition(s) could be better treated in Canada and becomes an advocate for the applicant.**

- Ensure that advice and prognosis provided as part of the IME are not influenced by differences in access to or availability of care in Canada and the applicant's current place of residence (for example, advocating admission to Canada to obtain services more easily).
- Avoid involvement or association with agencies, organizations or enterprises that attempt to influence or have either legal or commercial interests related to immigration to Canada. This includes immigration consulting services, legal firms representing immigration clients and organizations involved in immigration policy formulation.
- Not use information or knowledge acquired as a result of their IME-associated activities for purposes unrelated to that position (for example, DMPs advised of a pending change in medical screening procedures or requirements must not release that information or discuss it with clients until authorized by HMB).
- Avoid the acceptance of gifts, gratuities or favors resulting from the performance of IMEs.
- Avoid suggesting, indicating or advertising that their association with CIC and the Government of Canada provides or authorizes any privileges, benefits or services except those defined by the DMP Handbook.

3.3 Individual Stamp

A stamp with a unique number is issued to DMPs or to the organization representing institutional DMPs. This stamp must be used to authenticate each Medical Report completed by the DMP and is also used to indicate that the DMP has verified applicants' identity. There are a few rules for DMPs to follow regarding the stamps:

- The stamp should not be shared with other practitioners and is to be used only by the DMP to whom it has been issued unless authorized by CIC.
- Should the stamp become damaged, worn or otherwise illegible, a replacement is to be requested from the responsible RMO.
- When a replacement stamp is provided, the original must be returned to the responsible RMO.
- DMP stamps remain the property of the Government of Canada and must be returned on request or when a DMP appointment terminates.
- In the case of institutional designation, a single DMP stamp is sometimes issued to the organization. In this case, alternates, assistants or locums functioning for DMPs should sign IME Medical Report forms and other communications

related to the IME "for and on behalf of Dr. _______", stamp them with the DMP's stamp, and indicate the DMP stamp number and their own personal identification obtained from the RMO.

The use of the DMP stamp in verifying the identity of applicants and completing documents is described in detail in Section 11.2.

3.4 Absences

Depending on the DMPs' location of practice and the number of applicants they examine, absence from the practice location can affect program delivery. There are two types of absences:

Types of absence	Description
Short-term absence	Constitutes an absence from the practice for 10 or more working days but less than 20 working days
Long-term or extended absence	Absence or inability to undertake IMEs for 20 or more working days

Both types of absences must be brought to the attention of the regional medical officer beforehand with the estimated date of return. The officer will review each situation individually and, depending on the nature of the absence, determine an appropriate course of action. Extended or repeated absences may result in the termination of DMP status.

3.5 Fraud Prevention

The integrity of the entire immigration medical examination process is based on verifying the identity of those presenting for examination and ensuring that all clinical investigations and records correspond to that individual. On occasion, attempts may be made to circumvent the immigration medical examination through substitution or fraud. This handbook contains references and instructions on various procedures and standards to prevent fraud. Good identity management of the applicant, and proper adherence to specific procedures when filling forms, stamping photos and performing exams are examples of fraud prevention.

DMPs can also help prevent fraud by educating their staff about these procedures, following the standards announced in this handbook and incorporating quality processes in their practice whenever possible. Examples of the latter include the use of chaperones or escorts to accompany applicants during off-site x-ray and laboratory testing, and ensuring that clinical and radiological laboratories use the identity verification processes defined in this handbook.

Chapter 4:

The Professional Life Cycle of DMPs

4.1 Categories of Appointment

Depending upon location and situation, DMP appointments may be of the following types:

Categories and Subcategories	Description	Example
Standard DMP: These are DMPs who have been selected and appointed to perform Canadian IMEs for full five-year terms. They are individually listed in CIC's DMP roster and their contact information is noted on the Department's website.		
Individual	These are individual medical practitioners.	DMPs individually registered in CIC's DMP roster.
Institutional	In certain situations involving the examination of large numbers of applicants, medical institutions, organizations or agencies may be designated as the primary DMP, and a senior medical professional from the organization is designated as the responsible individual for contact liaison. That individual is also the administrative point of contact for CIC. The institution may request approval to use appropriately trained and supervised staff to perform IMEs subject to departmental approval.	The International Organization for Migration (IOM), hospital or medical corporations, or large medical clinics

<table>
<tr><th>Categories and Subcategories</th><th>Description</th><th>Example</th></tr>
<tr><td colspan="3">Short-Term/Temporary Appointment: These appointments are made when IME services are required either in an area not previously serviced, or where the number of applicants exceeds the current capacity to provide services in a timely fashion, or in situations involving the use of other individuals currently working regularly within the DMPs' practice for a short period. They are also made when DMPs are absent from their practice or unable to provide service for other reasons for a short period. Appointments are for a six-month period. They may be renewed once for another six months.</td></tr>
<tr><td>Emergency DMPs</td><td>Acute situations in which DMPs are required quickly for a specific purpose.</td><td>Complex humanitarian emergency or acute refugee situations where large numbers of individuals requireexpedited processing and resettlement</td></tr>
<tr><td>Locum tenens</td><td>Medical practitioners replacing DMPs in their duties while they are on vacation or taking training.</td><td>DMP's partner in a medical clinic</td></tr>
<tr><td colspan="3">Other types of appointments: There may be situations when, for operational reasons, some DMPs require the assistance of other practitioners to complete immigration medical examinations. These situations exist for a specified period no longer than the maximum five-year term unless it is renewed.</td></tr>
<tr><td>Assistants</td><td>Usually involve the use of other individuals currently working regularly within the DMP's practice.</td><td>In the case of an institutional DMP, all medical practitioners approved by CIC are classified as "assistants" and the practitioner who is the lead contact with CIC is the designated institutional DMP.</td></tr>
</table>

Categories and Subcategories	Description	Example
Alternates	Qualified individuals needed for exceptional situations to fulfil CIC's obligations or improve service to clients.	When the distance between available DMPs and the client is more than 242 km (150 miles), the client can request to see another medical practitioner. See the CIC website for more information.

4.2 Phases of the DMP Professional Life Cycle

Selection

While many qualified physicians may apply and meet selection requirements, the number, distribution and location of DMPs depend on the current and anticipated demand for Canadian IMEs as well as departmental and government requirements (for example, obligations to deliver services in both official languages). Determining the requirement and location of DMPs is based on consultations between Canadian immigration officials and CIC medical officers. Therefore, DMP appointments are not permanent and may be revoked. Also, for those not appointed, applications will be retained for a period of two years, after which a new application is required for reconsideration.

Minimum DMP Qualifications

All types of DMPs need approval by the regional medical office to perform IMEs, and approval is only for the period specified. Practitioners who conduct medical examinations for CIC must:

- have graduated from an appropriate school or college recognized by the appropriate government agency in the country where the educational facility is located;
- have active and valid registration with the national medical registration or certification body at the location of practice;
- be in possession of an active license or permit to practice at the level necessary to complete IMEs and arrange for required diagnostic investigations and interventions (radiographic examinations, clinical laboratory investigations,

referral to consultant physicians or facilities for specialized assessment or investigation); and

- have regular and practical access to and be able to use electronic communications technologies, such as the Internet and short message service, according to the local availability of those services. At a minimum, fax communication must be available.

Application to Become a Standard or Emergency DMP

In order to be considered for standard DMP appointment, a medical practitioner is required to submit:

- a DMP appointment application form (a copy can be found as Appendix XIII) and a specimen signature;
- a legible photocopy or notarized copy of the candidate's medical degree;
- a legible photocopy or notarized copy of an official letter or certificate from local or national registration authorities, confirming that the applicant holds current and valid certification allowing the individual to practice at the level necessary to perform IMEs and related functions, including the ordering or requisition of clinical investigations and referrals;
- when available, a certificate of good standing issued by the DMP's medical regulatory body. It must confirm that the DMP is entitled to practice medicine in the appropriate country and state or province, and note that the individual is not disqualified, suspended or prohibited from practising medicine. The certificate must be dated within three months prior to the DMP application.
- evidence of professional liability protection commensurate with local recommendations and standards of practice; and
- a curriculum vitae including
  - description of undergraduate and postgraduate qualifications
  - certification or specialization in relevant medical specialties
  - a list of languages in which the individual is proficient to provide services. One of these languages of proficiency must be either English or French.

Application for Short-Term or Other Types of DMPs

Short-term or other types of DMPs usually seek approval through a standard DMP, with the objective of working together or within an institution. Persons seeking appointment should take the following steps:

- Contact the RMO and seek medical officer concurrence;

- Submit the proposed substitute physician's current curriculum vitae, a copy of the medical registration, a letter of good standing from the individual's licensing body, and a specimen signature; and
- Submit a statement from the proposed practitioner indicating that the individual has read the DMP Handbook and agrees with the standards and requirements defined therein.

Once approval has been given, DMPs may engage the temporary service of assistants, alternates or locum tenens during the period approved by the RMO. Assistants, even if they have been authorized to provide services during a DMP absence, may not be used by the DMP as a surrogate to expedite the performance of IMEs without prior approval. DMPs must also ensure that the replacement physician is adequately informed of the requirements of the Canadian IME and reporting procedures, and any updates.

Approval Process

Approval of all DMP categories and subcategories are person- and location-specific and are also subject to program and performance standards. These categories and subcategories are not transferable without the written permission of a medical officer or HMB headquarters. In addition, relocation of the DMP's practice must be brought to the attention of the RMO. Depending on the local situation, DMP status may or may not be continued after the relocation. Approval will include an interview by telephone or in person.

Prospective DMPs who have completed all of the requirements for their category should not begin to examine applicants until the following steps have been taken: they have been officially advised by the RMO that they are approved as DMPs; they have been issued a DMP stamp and/or a DMP ID number by CIC; and they have completed the orientation phase.

All DMPs, including those who are temporary or short term, will not be approved until the responsible RMO has received the following:

- confirmation that the prospective DMP has read the handbook and agrees with the terms and conditions contained therein by signing the following forms: Appendix XII, Consent to Share Information with Australian/U.S. Immigration Health Authorities; Appendix XIV, DMP Acceptance of Appointment Form; and Appendix XVIII, DMP's Acknowledgment of Having Read the Handbook;
- a sample signature form;
- accreditation certificates and information from all of the laboratory centres and radiology centres that the DMPs intend to use; and
- all forms and specimens described above.

Orientation

Various activities are involved in the orientation phase, including reading and understanding this handbook, and participating in a discussion with CIC medical personnel. DMPs are not allowed to perform IMEs during the orientation phase. Approval will not be confirmed until orientation has been completed to the satisfaction of the responsible regional medical officer.

Handbook

This handbook has been designed to be the standard reference for DMP orientation and training. All DMPs must ensure that they remain familiar with it and with departmental instructions, including interim changes and updates provided by CIC.

Instruction

Newly approved DMPs will receive a period of instruction and direction provided by CIC medical personnel as part of their orientation to the immigration medical examination. This instruction may be individual or through group activities involving several DMPs in locations where DMPs operate in geographic proximity.

Initial Probationary Appointment

After successfully completing orientation, some categories of DMP will be granted a probation period. The duration depends on various factors such as the number of IMEs performed and their quality, the types of applicants, the presence of prior appointments, the presence or absence of complaints, the length of time between each IME performed, etc. Depending on the outcome of a performance review, a DMP may be granted a standard DMP appointment.

Appointment

Those DMPs who successfully complete their probation will be appointed. These are the standard DMPs and assistants. Appointments are for a period of five years and may be renewed, as required, on the recommendation of the responsible regional medical office.

During situations involving complaint or dispute resolution (See Chapter 9), the status of the DMP may be affected. Depending on the situation, the DMP may be suspended or terminated, or remedial measures may be recommended or required.

Reappointment of DMPs

Reappointment is subject to satisfactory performance as well as the continued need for the DMP's services in the location.

Suspension of Appointment

DMP appointments may be suspended for a variety of reasons. For example, an anticipated period of extended absence may result in the DMP requesting to interrupt the provision of IME services temporarily. Alternatively, a DMP appointment may be suspended for cause, as defined in Chapter 9.

When DMP appointments are suspended for any reason, Canadian IME activities by the DMP cease until the DMP is notified otherwise by Citizenship and Immigration Canada.

Termination and Retirement

The operational need for DMP services will be influenced by the dynamics of the Canadian immigration program, which evolves in response to a variety of influences. CIC retains complete authority regarding the number of DMPs and their location. DMP positions will be increased or reduced in response to the local demand for IMEs or for cause, as described in Chapter 9. DMPs so affected will be notified in writing by the regional medical officer at least 60 days prior to the end of the need for services.

DMPs may retire or request removal from the DMP roster at any time. DMPs should send written notification to the regional medical officer, including the anticipated date on which activity will cease.

Training

The nature and duration of the training provided by CIC will vary. For example, in situations of institutional DMP appointment, the institution already appointed by CIC may provide some aspects of training and orientation.

On-site training may be provided to individual DMPs. Alternatively, and depending on location and DMP numbers, training sessions involving multiple DMPs may be arranged by the responsible regional medical officers.

Chapter 5:

Standards and Guidelines for DMP Performance

5.1 Service Standards

Continual improvement in the delivery of services to clients is an ongoing goal of CIC. Standards of service have been developed for the Canadian immigration medical program, and DMPs are responsible for meeting these standards. The standards are available to the public to provide applicants for immigration to Canada and their representatives with an understanding of what they may expect in terms of IME services. DMPs who find that they cannot meet these service standards should contact their regional medical office to explore solutions.

Activity	Time
Interval between request or appointment and the performance of the IME	Within 14 days
Obtaining and compiling laboratory or radiological reports (urinalysis, chest x-ray, serological tests for syphilis and HIV, and additional required or requested investigations)	Investigations should be ordered or obtained within 7 days from the initial appointment. If local laboratory services require more time (i.e., HIV test reporting) the responsible RMO should be advised.
Interval between request for "special" or "expedient" IME made by regional medical officer and the performance of the IME for these special cases, such as international students	Time will be specified by regional medical officer, depending on the case. See Section 11.3 for more information.
Completing forms and dispatching completed documents to RMO after receiving all reports	10 days

Activity	Time
Arranging review appointment following the furtherance of an applicant	Within 7 days
Responding to routine correspondence from the RMO	14 days
Responding to urgent correspondence from the RMO	48 hours
Forwarding to the RMO, immigration medical files for which there has been no activity or inquiry from the client following a request for information or further instructions	After 8 weeks. See Section 11.3 for more information.

Evaluation and Program Support

As the interface between applicants and the Canadian IMA process, DMPs are well placed to comment on and provide CIC with recommendations, advice and counsel about the IME. The delivery of this advice is an important client service activity that assists the Department in continually improving its service delivery.

DMPs may provide such advice individually to the responsible RMO. From time to time, the Department will also undertake more organized evaluation activities where the DMP will be asked or required to participate in feedback or program evaluation processes.

5.2 Standards for Investigative and Referral Services

In some locations, DMPs will select clinical, investigative or radiological laboratories and services to be used as part of Canadian immigration medical examinations. In other locations, CIC medical officers will make decisions on clinical services, and laboratory and radiology use.

Clinical or Investigative Laboratories and Diagnostic Radiology Services

DMPs should ensure that the clinical or investigative laboratories used for Canadian IMEs hold current registration and licensing issued by local and/or national regulatory authorities. In addition, they must be in compliance with local, national and international standards as defined by the responsible RMO.

The DMP is also responsible for selecting appropriate laboratory clinics that:

- will comply with the administrative requirements to complete the form accurately and prevent fraudulent substitution; and
- are able to provide high-quality and accurate results and reports.

In addition to the standards stated above, DMPs will ensure that the services:

Diagnostic Radiology Services

- will photographically inscribe or write in permanent ink the date of examination and the full name of the applicant on each x-ray;
- when submitting electronic digital images (namely, for DICOM viewers), will ensure that the applicant's name, date of birth and gender, and the name of facility are recorded on the compact disc; and
- are able to provide high-quality x-rays, and accurate assessments and reports.

Consultant or Specialist Referrals

DMPs should ensure that, on the request of the RMO, or on the basis of previously issued instructions and guidelines, applicants are referred to consultants or specialist practitioners who are currently registered, certified or licensed in that role by national regulatory bodies. In locations where such specialists or consultants are not easily available, other less qualified individuals may be used with the advance approval of the responsible regional medical officer.

5.3 Guidelines for Records Management

DMPs should be aware that the forms, documents and results of investigations required for the completion of the IME are the property of CIC. DMPs may be required to maintain their own copies and records in accordance with local regulatory and licensing requirements. All documents and information related to the individual applicant's IME should be forwarded to the responsible regional medical office. Immigration medical forms and information should be transmitted by post or commercial courier, and should never be given to the applicant or their representatives for delivery to the regional medical office. *DMPs should never provide copies of immigration medical forms to applicants or their representatives.*

When documents are sent by courier, the DMP should retain tracking numbers for the shipment for six months. These numbers can assist in the tracing of lost or misplaced records.

Chapter 6:
Communication

6.1 General Medical Issues

During the course of an immigration medical examination, DMPs may note or discover the presence of a serious disease or illness not known to the applicant. When such events occur, DMPs are to provide appropriate advice and counsel regarding the situation. In so doing, they are to uphold normal professional and ethical standards with respect to referral back to the applicant's usual attending physician, or the applicable referral to an appropriate specialist, if the applicant so requests.

6.2 Immigration Medical Issues

Routine, regular contact will be maintained between DMPs and CIC medical officers on both medical and administrative issues related to the performance of immigration medical examinations. These officers represent the routine point of contact for DMPs for specific inquiries about individual immigration medical cases and examinations. Depending upon the situation, this contact may be by way of letter, electronic communication, telephone or personal visit. DMPs will also receive documents and instructions periodically which explain or announce major developments and amendments.

Questions, comments and communication from the DMP regarding the immigration medical program should be directed to the CIC regional medical officer responsible for the region. Case-specific information should always include identification details such as case file numbers.

Written communication such as letter, fax or e-mail is preferred, but telephone contact can be used for expediency if required. Addresses and contact information for the RMOs are located in Appendix I.

6.3 Issues Not Related to Immigration Medical Activities

From time to time, DMPs may be contacted by other Canadian immigration, embassy or high commission officials. These individuals may be seeking local medical advice or assistance for purposes unrelated to IMEs. Requests may relate to the state of local health conditions, personal medical reasons, or the search for medical or health services from consular services. These requests are not related to the practitioner's role or function in the immigration medical program and are not part of the individual DMP's responsibilities in this context. DMPs may deal with such requests at their own discretion. Fees or charges for such services or assistance, if and when provided, are also at the discretion of the DMP.

6.4 DMP Communication with the Media

Occasionally, the immigration medical examination of a particular individual may generate media or public interest. On these rare occasions, DMPs may be contacted by the media or journalists seeking information about an applicant or aspects of the IME.

DMPs should never release information about an immigration medical case and should not comment on or about the Canadian immigration program, the Department or the Government. All requests for comment or information should be forwarded to the responsible RMO or the relevant immigration or visa office.

6.5 Communication Issues Related to Applicants

Demands by Applicants to Contact the RMO or CIC

The complexities of immigration processing, including the medical examination, can be frustrating for some individuals. Requests for additional medical information or investigations can create situations where applicants or their representatives may inquire about the reasons for such requests. As it is CIC and not the DMP that has decided that more information is required, the DMP is not in a position to answer for or justify the management of individual cases.

If applicants have questions regarding the need for additional testing, investigations or specialist consultation, DMPs should advise applicants that such requests originate with or are based on CIC's instructions, and that the DMP is simply the interface between the Department and the applicant.

Applicants or their agents may also question DMPs regarding the immigration medical examination process. Possible questions include the following:

- the time required to complete the medical assessment process;

- the time between completion of the IME and subsequent immigration activity or visa issuance;
- administrative or policy aspects of the program; and
- other immigration-related issues.

Applicants or their representatives should address questions about the IME and requests for additional information or clarification to the immigration or visa office responsible for the case. Applicants may be advised that a list of immigration and visa offices is available on the Department's website at www.cic.gc.ca/english/information/offices/index.asp.

DMPs and their clinic staff should ensure that those applicants who ask to contact the Department regarding their IME are directed to the visa office dealing with their application or to the above-noted website. Applicants or their representatives should *never* be directed to the RMO. DMPs should ensure that their staff is aware of these instructions and that the contact information of the RMO and regional medical officer is for the use of the DMPs and their staff only.

Chapter 7:

Fees for the Immigration Medical Examination

With certain exceptions (refugees and refugee claimants), applicants are responsible for paying all fees and costs associated with the immigration medical examinations. This includes fees for DMP services, and radiological and laboratory examinations. Applicants are also responsible for specialist's consultations, investigations, treatment (when applicants are referred for treatment for tuberculosis or syphilis, for example) and charges to send medical documents to the CIC regional medical office. The methods and costs of sending the medical documentation to the regional medical office should be discussed with the applicant in advance to prevent any misunderstanding. However, it is the DMP who must send the documents *directly to the CIC regional medical office*.

DMPs should charge reasonable fees based on discussions with the medical officer in the relevant RMO. The agreed fees would be the maximum the DMP is entitled to charge for the standard medical examination and for administrative handling. Fees will reflect local conditions and service charges. As a consequence, the fees for Canadian IMEs will vary by country. Within some countries, fees for the IME may vary by geographic location, depending on the situation.

DMPs, who routinely forward immigration medical records by mail,[3] may be requested to transfer some records by more expedient means in cases such as IMEs for students and certain urgent situations. On request, DMPs may forward these records by commercial courier at the expense of the applicant.

A listing of current fees and charges for the IME, required radiological and laboratory investigations, postage or courier charges, and other services should be posted in the clinic or office. If DMPs utilize special group fees or fees for large families, these fees should be included on the listing. Copies should be available for applicants on request, and applicants should be provided with a receipt for services.

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[3] **In some locations, DMPs may be instructed by regional medical officers to forward all documents by commercial courier.**

Complaints or questions about fees and charges for Canadian IMEs should be directed to the responsible visa or immigration office.

7.1 Fees for Translation Services

The need for translation in most IME situations outside of Canada is an exceptional circumstance. When a translator is required, the applicant is responsible for the fees for these services. The applicant should be advised in advance that a translator is required and that the charges for those services will be added to the costs of the IME.

If the applicant is a refugee, refugee claimant or protected person for whom the costs of the IME are being paid by CIC internationally, or through the Interim Federal Health (IFH) Program in Canada, translation services will be paid by the appropriate program. DMPs working outside of Canada should seek approval of translation services for refugees from the responsible CIC immigration or visa office. Those DMPs performing IMEs on refugee claimants in Canada are to seek approval for these charges from the IFH Program (see Chapter 10).

7.2 Immigration Medical Exam for Refugees and Refugee Applicants

IMEs Performed Outside of Canada

In the case of certain overseas refugees, fees for the immigration medical examination are initially paid by the Government of Canada through the Immigration Loans Program. DMPs examining refugees outside of Canada will be advised of payment procedures by CIC. Questions regarding payment for IMEs performed on refugees outside of Canada should be directed to the responsible Canadian immigration or visa office.

IMEs Performed in Canada

The IFH Program pays for costs related to the immigration medical examination for refugee claimants, Convention refugees and other individuals with protected persons status. Further details on the IFH Program can be found in Chapter 10 -"DMP Activities in Canada." However, it is important to note that in *no case shall the DMP charge these individuals a fee or a deposit*.

7.3 Missed/Cancelled Appointments

From time to time, applicants may miss or cancel appointments for their IME. DMPs may charge for missed appointments in accordance with local standards of practice. In situations where applicants cancel or miss several booked appointments, DMPs should notify their respective regional medical office. In these situations, DMPs may refuse to reschedule any further appointments unless directed by their respective RMO.

Chapter 8:
DMP Performance, Monitoring, Control and Evaluation

8.1. Performance Policy

Canadian immigration medical activities take place at hundreds of locations around the world and involve thousands of individuals. CIC has a responsibility to both ensure and demonstrate that IMEs are completed in accordance with standards and requirements wherever they are undertaken. The Department exercises those responsibilities and maintains the integrity of immigration medical examinations through DMP performance evaluation, monitoring, and control activities.

Performance that fails to meet standards, either professionally or administratively, can reflect negatively on the immigration medical program in general. As a consequence, DMP performance is subject to regular evaluation and review. In addition, all complaints and disputes related to the performance of IMEs that are brought to the attention of the Department will be evaluated.

8.2. Performance Standards

Standards of medical practice are developed and defined by the medical licensing and regulatory authorities at the DMPs' location and by respective professional organizations. DMPs are required to meet those standards.

In addition, since the immigration medical process includes several organizational components, the provision of IMEs involves meeting client service requirements related to Canada's immigration program. These client service issues are addressed through standards of service for communication, document management and administrative aspects of the IME. For example, the quality of reports and the time in which they are completed and transferred to RMOs can be the subject of performance standards. See Section 3.1 for a description of DMPs' duties and responsibilities.

8.3 Monitoring, Control and Evaluation Process and Methodology

CIC may utilize various methodologies to monitor, assess and evaluate DMP performance. The following represent examples of such quality assurance and control activities:

- Review of medical documents for adherence to service standards
    - Ensuring that the appropriate sections A to E of the Medical Report form have been accurately and legibly completed. This review will include assessing the records of both positive and negative findings.
    - Ensuring that the conclusions, prognosis and summary recorded on the medical forms reflect the DMP's objective findings.
- Review of the completion of required diagnostic tests
    - Ensuring that age-appropriate testing (urinalysis, syphilis serology, HIV, chest x-ray) has been carried out according to guidelines.
    - Adhering to standards and guidelines for the quality of the chest x-ray films submitted and for the appropriate identification of applicants.
- Document management
    - Ensuring that documents are completed and submitted according to recommended service standards.
    - Ensuring that requests for additional information (furtherance requests) have been dealt with appropriately and in a timely manner.
    - Ensuring that assessments and opinions provided by the DMP are appropriate to the circumstances, and of necessary substance and quality.

These monitoring and evaluation activities, while providing a standardized, systematic method of quality assurance and control, also improve the flow of communication between the Department and the DMP, and support the continuous improvement of the process.

Chapter 9:
Incidents, Complaints and Dispute Resolution

Clearly defined and transparent complaint and dispute resolution procedures support client service initiatives, and the quality and integrity of the immigration medical program. This chapter is designed to help DMPs understand how CIC and the DMP report and manage incidents, critical comments and complaints about Canadian IME services and procedures.

9.1 Incidents Occurring During the IME Process

Hundreds of thousands of Canadian immigration medical examinations are performed each year. The vast majority of these examinations are completed without problem or difficulty. However, on rare occasions, the IME is associated with incidents or situations involving confusion, disagreement or events that can be expected to affect or compromise DMP service to clients. DMPs should report such events to the responsible regional medical office when they occur.

Events and situations that should be reported include the following:

- applicants or their representatives have become angry, threatening or violent towards the DMP or staff;
- applicants or their representatives have suggested or implied that the DMP is deliberately delaying the IME process, or requesting unnecessary or expensive investigations or follow-up for personal reason or gain;
- applicants or their representatives have refused the examination or aspects of the examination or investigation;
- the DMP or staff are aware of attempts to substitute, falsify or alter aspects of the IME, or clinical or laboratory investigations;
- the DMP or staff have been asked, induced or coerced in an attempt to overlook, ignore, modify, substitute or alter aspects of the IME, or clinical or laboratory investigations;

- applicants or their agents have threatened to complain to others about either the IME service or the process itself; and
- the DMP feels reporting may benefit the quality of the program and/or increase knowledge among other DMPs.

Reports to the RMO should include the date of the incident involved, the applicant's file number and identification, and a brief description of the event or incident.

9.2 Complaints

Complaint Policy

Common to any client service process, complaints regarding the IME and related services may arise externally from the applicants or others outside of the Department. In addition, CIC personnel may provide critical comments or notifications of errors, problems, performance issues or situations of concern.

Both the individuals making a complaint or a critical comment regarding DMPs' services and the DMPs themselves should be aware that their respective opinions and viewpoints will be considered by CIC's Health Management Branch. Complaints and critical comments must be signed by individuals or their authorized representatives. Anonymous complaints and critical comments will be acted on only at the request of the Director of Operations, HMB.

Complaint/Performance Issue Resolution Process

Failure to meet performance standards may result in administrative or remedial action by the Department regarding the DMP's appointment. The following are some examples of situations in which DMPs, their clinic, or laboratory staff would be seen as failing to meet performance standards:

- Serious behavioral activities or demonstrated misconduct
  - unprofessional or unethical conduct or activities
  - illegal activities
  - loss or suspension of medical license
  - failure to abide by fee guidelines
  - failure to apply the guidelines and instructions presented in the DMP Handbook and provided by CIC

- Persistent failure to maintain acceptable performance of DMP responsibilities as set out in the DMP Handbook or in written instructions from the RMO. This includes sustained or repeated (more than three times after initial notification) deficiencies in:
    - the timely and correct completion of immigration medical examinations (including errors, omissions or deliberate falsification in obtaining and recording the medical history and physical examination)
    - the appropriate provision of requisite laboratory and clinical investigations and interventions
    - the collection and management of medical information
    - the timely transfer of information and communication with HMB
- Undertaking activities prohibited by the handbook (such as providing a copy of the medical exam or test results to the client)

Resolution of Simple Issues Through Explanation

In many cases, simple complaints or concerns regarding operational aspects of the IME, such as the management of case files, the need for documents or requests for additional tests, can be addressed by providing reference material or an explanation. This information may be supplied by fax or e-mail by the responsible regional medical officer.

Additional training or instruction in the performance of Canadian IMEs may be provided, depending on the circumstances. This training could be provided in person, in writing or by telephone.

Resolution of More Serious Complaints

More serious complaints about the performance or behavior of a DMP related to Canadian IMEs will require more documentation. The facts that gave rise to each issue or complaint will be summarized in a letter of inquiry sent to the DMP. The letter shall specify the nature of the performance issue or complaint, and request an explanation or information about the event from the DMP. Letters may be issued by the respective regional medical officer or Health Management Branch headquarters. DMPs should respond to such a letter within 14 days. That response may include a request for additional time to prepare a detailed response or assemble documentation.

Following receipt of the DMP's comments, any necessary remedial or corrective measures resulting from this process will be forwarded to the DMP within 14 days of a decision being made. In order of consequence, these measures include:

- A letter of concern issued to the DMP
    - The letter will specify the particular issue(s) and suggest remedial action. The regional medical officer will follow up on this remediation and, after review, the DMP will be notified in writing of the outcome.
- A letter of suspension issued to the DMP
    - The letter will indicate that the DMP has been suspended from performing IMEs and give the date of the suspension. Depending upon the outcome of the investigation or review, the regional medical officer will inform the suspended DMP of the outcome, be it reinstatement or termination of DMP status.
    - In situations where the complaint or critical comment involves actions or performance that may be dangerous, injurious to clients, of questionable legality or otherwise damaging to CIC's program delivery or client service reputation, immediate temporary suspension of the DMP may be authorized by the Director of Operations, HMB.
    - This suspension will be brought to the attention of the DMP in writing by the quickest means possible.
- A letter of termination regarding DMP status
    - The letter will officially notify the DMP of termination and removal from the roster, and indicate the date of the termination. The reason(s) for the termination will be explained.

9.3 Appeal Process

DMPs may appeal the issuance of a letter of concern, suspension or termination of status. Appeals or challenges must be issued in writing within 30 days of receipt of the letter and directed to:

Director of Operations
Health Management Branch, CIC
Canadian Building
219 Laurier Ave., West
Ottawa, ON K1A 1L1

DMPs shall receive a reply within 30 days of the receipt of their appeal.

Chapter 10:
DMP Activities in Canada

While the majority of Canadian immigration medical examinations are performed outside of the country, a significant number of individuals have their immigration processing undertaken in Canada. Many of those who are examined for immigration purposes in Canada do so as part of the refugee determination process. Performing IMEs within the country, combined with the practices related to the domestic refugee determination system, creates issues and situations specific to DMPs in Canada.

This chapter of the DMP Handbook provides information, reference and instruction for DMPs operating in Canada. It does not apply to DMPs who perform Canadian immigration medical examinations in other countries, including those in the United States.

10.1 Providing Primary Care to IME Applicants

Some newly arrived individuals in Canada may not have primary-care providers and may seek to use the IME encounter as an opportunity to begin a provider-patient relationship with the DMP. If DMPs agree to provide care to those who have visited them for IME services, it is recommended that they ensure that the individual understands the differences between the provider's role as a DMP and as a personal health-care provider. It must also be clearly understood that any medical activities or services other than those related to or required for the IME have no relationship or involvement with CIC or the Health Management Branch.

10.2 Providing Services for Culturally Diverse Clients

The evolving diversity of Canada's immigration program creates situations where people who require immigration medical services in Canada may have cultural characteristics that differ from those of the DMP. Cultural backgrounds and characteristics influence behavior, values and institutions.

One of the goals of Canadian immigration medical activities is the effective performance and provision of services in culturally diverse environments. This is often referred to as "cultural competency." It is based on the understanding and acceptance of and respect for cultural differences that may include religious beliefs, family responsibilities, sexuality and dress codes.

Through their interest in becoming DMPs, health-care professionals involved with IMEs in Canada have already indicated their readiness to function in situations of cultural diversity. The following comments provide general guidance for those who may be new to such situations. In terms of the immigration medical examination, the most commonly encountered challenges include those related to the sex of the examiner and aspects of the physical exam that may be new or novel to applicant.

- DMPs should ensure that applicants are aware of the sex of the examiner who will be undertaking their IME before the examination begins. Some female applicants may wish to be accompanied by relatives or husbands during the examination process.
- Applicants who refuse to be examined by a practitioner of a particular sex should be offered referral to a DMP of the other sex, or approval should be obtained from CIC to have the IME completed by a nearby practitioner of the other sex who is not a DMP.
- In some locations, undressing for medical examinations is unusual. Applicants may request to be palpated or oscultated through the examination gown or sheet. In these situations, DMPs are to record those events on the immigration medical examination form.
- Similarly, breast, genital or rectal examinations may be refused. When they are, DMPs should indicate that the applicant refused the examination in the appropriate sections of the immigration medical examination form. Applicants should then be referred to an appropriate physician, acceptable to the applicant, for a report on the examination findings, as described in Chapter 9.

The Use of Translators in Canada

During the performance of IMEs in Canada, DMPs may frequently encounter applicants who speak neither of the two official languages. In some cases, the DMP may have linguistic capacities that meet the applicants' needs. Occasionally, however, translation services will be required. In many circumstances, non-professional translators are utilized.

The use of non-professional translators, particularly family members, can be a sensitive issue for questions or topics involving personal health. Applicants may be uncomfortable providing this information in the presence of family member or friends. For this reason, the use of professional translation services is recommended. The fee policy for translation services is described in Chapter 7.

10.3 The Refugee Determination System in Canada

Description of the Process in Canada

One of the pillars of Canadian immigration policy is the humanitarian and refugee protection component of the immigration program. This program fulfils Canada's international legal obligations with respect to refugees and affirms Canada's commitment to international efforts to provide assistance to those in need of resettlement.

The selection of refugees for permanent residence in Canada takes place in one of two ways. Individuals already determined to be refugees under existing international standards and who are residing abroad can be selected and admitted to Canada. They undergo their immigration processing, including medical examination, abroad.

Refugee claimants constitute another group of people who access the humanitarian pathway to enter Canada (frequently known as asylum seekers in other areas of the world). Refugee claimants are individuals who, following their arrival in Canada, make a formal claim to an immigration or Canada Border Services Agency officer requesting protection on the basis of fear of persecution if they return to their country of origin. Those eligible for determination under this process are referred to the Immigration and Refugee Board (IRB) for a decision on their claim for refugee status. The IRB is an independent administrative tribunal responsible for making decisions on who needs refugee protection among the thousands of claimants who come to Canada annually. Further information about the IRB can be obtained at www.irb-cisr.gc.ca/en/index_e.htm.

Immigration Medical Requirements for Refugee Claimants in Canada

Canada's immigration legislation requires all persons claiming protection as refugees to undergo an immigration medical examination. The examination uses many of the same medical forms and requires the same investigations as IMEs for other immigrants, although its intent and nature are slightly different.

As noted earlier in this handbook, immigrants are examined with the intent to identify medical conditions that could affect their admissibility to Canada under IRPA (see Section 2.1). However, those applying for refugee status are examined only with the intent of identifying conditions related to risks to public health and public safety. Aspects of the IME related to identifying conditions that might be associated with excessive demand, *do not apply to refugee claimants*. As a result, refugee claimants will present for their examination with the immigration medical examination form IMM 1017 EDE-EFE **(see Appendix II)** DMPs are to complete this form when examining refugee claimants.

Individuals claiming refugee status in Canada are referred for their IME when they file their claim. They are given medical instructions and a list of DMPs. The medical examination is to be undertaken within 30 days following the claim for refugee status.

10.4 The Interim Federal Health Program (IFHP)

10.4.1. How the IFHP Operates

Most refugee claimants in Canada do not have access to provincial/territorial health insurance and may not have personal funds to meet needed expenses. Citizenship and Immigration Canada (CIC) coordinates and manages the Interim Federal Health Program (IFHP) which pays for health care for those refugee claimants who are unable to pay for their health-care expenses. Coverage is provided pending their qualification for other means of payment.

Important notes:

- CIC determines IFHP coverage and eligibility for services.
- The adjudication and payment of claims for the program is provided by the IFHP Claims Administrator, Medavie Blue Cross. Individuals covered by the IFHP **must not** be charged directly.
- For those eligible, IFHP also covers the fees for specific services such as the Immigration Medical Examination (IME) and IME-related approved costs.
- Designated Medical Practitioners (DMPs/Examiners) performing IMEs must forward invoices for their services to Medavie Blue Cross for reimbursement.
- DMPs/Examiners cannot refuse to provide IMEs to persons covered by IFHP.

Generally, only DMPs/Examiners are mandated to perform the IME for refugee claimants eligible under the IFHP. In certain cases, CIC may approve a non-DMP/Examiner to perform the examination but, unless authorized by CIC, Medavie Blue Cross will not reimburse a non-Examiner for this service.

The IFHP provides coverage for more than the IME, and details can be found in the IFHP Information Handbook for Health Care Professionals (Provider Handbook) which describes how the program functions and is available at https://provider.medavie.bluecross.ca/. Chapter 9 in the Provider Handbook contains important information for DMPs/Examiners who routinely perform IMEs for refugee claimants and will find it a useful reference.

The IFHP Provider Handbook, IFHP Benefit Grid, as well as advisory bulletins and other documents for providers are available electronically on the Medavie Blue Cross provider website at https://provider.medavie.bluecross.ca/.

10.4.2. Verifying IFHP Eligibility

DMPs/Examiners **must** verify with Medavie Blue Cross if their patients' IFHP coverage is still current **BEFORE** the examination is done, as their eligibility can be canceled without notice should their immigration or financial status change.

At the first point of contact with CIC or the Canada Border Services Agency (CBSA), or as soon as possible thereafter, clients who fall within certain eligible client groups are assessed to determine their need for health care coverage. If eligible, they are issued one of the computer-generated forms (IMM 1442) with security features and a stamped photograph. Effective March 26, 2011, a revised IFHP eligibility paragraph on recipients' responsibilities and the sharing of their personal and medical information appears on IFHP eligibility documents and is followed by the recipient's signature. IFHP recipients are advised of their responsibility to renew their coverage before the expiry date and annually thereafter, as required.

Patients can have one of the following documents that identify them as individuals who may be eligible for IFHP coverage:

- **Refugee Protection Claimant Document** (RPCD) printed on an IMM 1442 form.

  The RPCD identifies refugee claimants, i.e. individuals whose claim to refugee status has been referred to the Immigration and Refugee Board (IRB). In addition, the RPCD contains language confirming the claimant's initial eligibility for IFHP coverage. The default validity period of the RPCD is five (5) years. However, the initial IFHP coverage validity period on the RPCD is two (2) years.

- **IFHP Certificate of Eligibility** (IFHC) printed on an IMM 1442 form.

  The IFHC can be issued as the first IFHP eligibility document to resettled refugees and victims of trafficking in persons. It may also be issued to any other IFHP recipients when their coverage is extended. The initial validity period of the IFHP coverage on the IFHC, as well as the default extension period, is one (1) year.

- **IMM 1017 Medical Report Section A form** - this form can be issued to (1) clients referred for their first IME as refugee claimants or (2) clients referred for their repeat IME as protected persons.

Special designation of either "Ref claimant" or an "OPM" (Other Paid Medical) stamped or written in the "Category of Applicant" box on the IMM 1017 Medical Report Section A form indicates that the IME and IME-related tests are payable by the IFHP.

An "OPM" designation is for those refugee claimants who have been granted Protected Person status by the Canadian authorities and now qualify for provincial/territorial health insurance. Since these persons must undergo another IME as part of their application for permanent residence, the cost of IME and IME-related tests will be reimbursed by the IFHP (see current IFHP fees for the IME and IME-related tests in Appendix XVII). The IFHP coverage validity period for a repeat IME for protected persons is four (4) months.

IMPORTANT NOTE: Clients presenting an IMM-1017 Medical Report Section A form may have an IFHP eligibility document with an expired valid date, or may not have such document at all; however, their coverage may have been extended electronically and it **must be verified through Medavie Blue Cross**.

Samples of these documents are included in Appendix XV.

Note that it takes a minimum of **two (2) working days** after IFHP coverage is issued by CIC before it becomes active in Medavie Blue Cross' system.

If a client presents an IFHP eligibility document that was issued less than 2 working days before the medical visit, their eligibility information may not have been transferred to Medavie Blue Cross yet. In such cases, DMPs/Examiners can either submit a paper claim, or wait 2-3 days before submitting the claim electronically. However, they should keep in mind that, until the eligibility is transferred, Medavie Blue Cross has no way of determining if a client is eligible for an IFHP benefit.

IMPORTANT REMINDERS:

- DMPs/Examiners must ask IFHP recipients to sign a provider claim form or a printout of the electronic claim screen **before** the provider claim is submitted for reimbursement to Medavie Blue Cross. Providers who submit claims electronically must keep a copy of the "Claims Payment Result Screen" signed by the client. This document must be kept on file for a period of two years as proof of service for audit purposes.
- DMPs/Examiners should not accept an IFHP eligibility document if it is not signed by the document owner in the area entitled "Signature of Holder". Since the IFHP eligibility documents are issued individually for persons older than 14 years, the recipient's **signature on a claim form must match** the signature on her/his IFHP eligibility document. For children younger than 14 years, their parent or legal guardian, where present, must sign the IFHP eligibility document and the provider claim form upon receiving a health-care service.

- DMPs/Examiners should not refer to the date in the "Valid Until" section in the upper right corner of the IFHP document to determine the IFHP coverage validity.

- The IFHP eligibility document, either RPCD or IFHC, will be issued once for the duration of coverage. Their coverage **extension will only be registered electronically** in CIC's system and transferred to Medavie Blue Cross.

More information on IFHP eligibility documents can be found in the IFHP Information Handbook for Health Care Professionals on the Medavie Blue Cross provider website at https://provider.medavie.bluecross.ca/.

10.4.3. Billing for Services

Once the examination is completed, the IME results must be sent to the CIC Regional Medical Office in Ottawa as instructed in the Designated Medical Practitioner/Examiner's Information Handbook. However, the invoice for this service must be sent to Medavie Blue Cross.

A. Charging patients:

- DMPs/Examiners must NOT ask patients who are eligible for IFHP coverage to pay surcharges, supplemental costs, or ask for a deposit or any other fee in connection with the IME. Instead, they should bill the IFHP through Medavie Blue Cross.

- DMPs/Examiners may charge for missed appointments in accordance with local standards of practice.

B. Coding benefits:

- DMPs/Examiners submitting claims for IMEs and IME-related tests must use the appropriate benefit codes listed under the section "IME AND IME RELATED TESTS" in the IFHP Benefit Grid which can be found on Medavie Blue Cross' website and in Appendix XVII.

- For all other services not listed in the IFHP IME fee schedule, DMPs/Examiners must use provincial/territorial benefit codes and will be reimbursed according to the rate of the code submitted, which may be less than the IME-related code for the same service.

- ICD-10 codes **are not required** when submitting claims for IMEs and IME-related tests.

C. Furtherance for "OPM" clients:

- "OPM" clients may already be covered by provincial/territorial health (P/T) insurance plans which do not cover the cost of IMEs and IME-related tests. DMPs/Examiners are advised to ask such clients to present P/T health insurance card.

  Refugees will not be "furthered" for complementary tests and investigations unless there is a public health concern (i.e. tuberculosis) or a public safety concern.

- If additional services outside of the IME fee schedule are requested by those "OPM" clients who are already covered by P/T health insurance, the cost of such services will be paid by P/T plans (see list of IME-related tests in Appendix XVII). DMPs/Examiners should submit their claims for these services **not to IFHP** but to the provincial/territorial health insurance plans.

E. Reimbursement:

- CIC determines fees for the IME under the IFHP (see current fees in the IFHP Benefit Grid on Medavie website).

- For reimbursement for services, DMPs/Examiners may use the Electronic Claims Submission Service available through the Medavie Blue Cross secure provider web portal at https://provider.medavie.bluecross.ca, or submit claims by mail to the following address:

  Interim Federal Health Program
  Medavie Blue Cross
  644 Main Street PO Box 6000
  Moncton, NB E1C 0P9

- For detailed information on current IFHP codes and fees, prior approval procedures, claim submission guidelines, fee policy and provider payment procedures please refer to the IFHP Information Handbook for Health Care Professionals on the Medavie Blue Cross provider website at https://provider.medavie.bluecross.ca/.

10.5 Conditions of Public Health Importance

The medical assessment of applicants for immigration to Canada includes provisions to notify provincial/territorial public health authorities of the arrival of persons who may require public health follow-up. This program, termed appropriate linguistic capacity available nearby, the DMP must advise applicants or their agents as follows:

> If the nearest designated medical practitioner (DMP) offering services in your preferred official language is located more than 242 km (150 miles) from where you reside, please contact the CIC Call Centre at 1-888-242-2100 to find out how to access IME services in your preferred official language.

Clinic staff should be aware of and instructed on how to deal with such requests.

DMPs seeking additional information or clarification about this issue should contact:

Director of Operations
Health Management Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa ON K1A 1L1

Official Language Self-Evaluation and Competencies

DMPs have to identify their level of competency concerning official languages on the application form. This requirement helps CIC fulfil its official language obligations and identify areas where additional services may be required. DMPs should identify the level at which they feel comfortable providing medical services. If their level of competency changes due to language training or any other factors, DMPs are required to inform CIC as soon as possible and send in a new application.

Process for Delivering Forms

CIC is making every effort to offer its services in the candidate's preferred official language. Consequently, CIC offices have been told to give applicants the IMM 1017 in their preferred language. DMPs print or generate the IMM 5419 and should have the ability to generate both these forms in either official language. DMPs can assist the Department in maintaining this standard of service by informing the regional medical office whenever a situation arises in which it has been unable to fulfil this requirement.

10.8 Records Management

Medical Examinations Issued Abroad

Immigration medical examinations performed in Canada (and the United States) should normally be forwarded to the Health Management Branch in Ottawa when completed, no matter where the documents were issued.

Document Control

The forms, documents and results of investigations required for the completion of the IME are the property of CIC. DMPs in Canada should forward all documents related to the IME to the Health Management Branch. DMPs may be required to maintain their own copies and records in accordance with local regulatory and licensing requirements.

Applicants may request copies of this information under the *Privacy Act*, and their representatives who are Canadian residents may request copies under the *Access to Information Act*. See Section 2.2 for more information. Alternatively, they can contact the CIC office responsible for their application.

Information collected during the IME is for immigration medical purposes only. It may not be used for other purposes, including research, clinical studies or investigations, without the appropriate consent and approval. Requests to use information obtained during the IME process for any other purpose should be directed to:

Director of Operations
Health Management Branch
Citizenship and Immigration Canada
219 Laurier Ave. West
Ottawa, ON K1A 1L1

Chapter 11:
Canadian Immigration Medical Examinations

IRPA and the associated regulations stipulate that all applicants seeking permanent residence in Canada, and certain applicants applying for temporary residence, are required to complete an immigration medical examination. DMPs play a vital role for CIC by performing this examination and arranging for additional required radiological and laboratory investigations, and specialist or consultant reports, when required.

11.1 Canadian Immigration Medical Report Forms

CIC's Medical Report forms are the IMM 1017 (Medical Report: Section A) and the IMM 5419 (Medical Report: Sections B, C, D and E). The numeric designation of the forms is located in the bottom left-hand corner of the first page. Different IMM 1017 (Section A) forms are used depending on the applicant's immigration classification. The IMM 5419 forms (Sections B, C, D and E) are the same for all applicants. Most immigration medical forms are issued to applicants by visa or immigration offices (some EFC applicants in Canada may download forms from the CIC website). Applicants presenting to DMPs without medical forms should be instructed to contact CIC visa or immigration offices to obtain them.

It is important to note that certain permanent resident applicants are exempt from excessive demand assessment. At the time of preparation of this manual, the categories of permanent resident applicants exempt from the excessive demand assessment included:

- refugees, refugee claimants and individuals with protected person status
- spouses of Canadian permanent residents
- common-law partners or conjugal partners
- dependent children of Canadian permanent residents

Whether or not the applicant for permanent residence is subject to assessment for excessive demand determines the type of IMM 1017 (Medical Report: Section A) used for the examination. CIC currently has three different types of IMM 1017s, depending on whether or not an applicant is excessive demand exempt. Detailed instructions on the use and completion of these forms is described in Appendix II.

Medical Report Forms	Form Number	Usage	Where Located/ Instructions	Order/Download Medical Report Forms
Medical Report: Section A; Client Identification and Summary	IMM 1017	All applicants, except those listed below	This form is usually sent to applicants by the immigration office.	N/A
	IMM 1017 EDE/EFE	Excessive demand exempt applicants	The IMM 1017 EDE/EFE is usually sent to applicants by the immigration office. Sometimes the immigration office will stamp the top of the form with "EDE."	N/A
	IMM 1017 SCL	Sponsored applicants processed inside Canada (also excessive demand exempt)	The IMM 1017 SCL is obtained from the online immigration kit for sponsored applicants applying from inside Canada.	The IMM 1017 SCL can be downloaded from this page. It is included in the instruction guide: http://www.cic.gc.ca/english/information/applications/spouse.asp
	IMM 1017 EFC + Appendix C	Sponsored applicants processed outside Canada (also excessive demand exempt)	The IMM 1017 EFC is used by DMPs for up-front medical exams. It is used when an applicant presents a completed Appendix C - Medical Instructions form.	To order IMM 1017 EFC forms, contact your regional medical office
			Appendix C is obtained from the online immigration kit for sponsored applicants applying from outside Canada	The Appendix C can be downloaded from the following web page. The forms are region specific: http://www.cic.gc.ca/english/information/applications/fc.asp#region

Medical Report Forms	Form Number	Usage	Where Located/ Instructions	Order/Download Medical Report Forms
Medical Report: Sections B-E	IMM 5419	All applicants	The regional medical office sends the IMM 5419 to the DMP.	If you are a DMP and do not have access to a blank IMM 5419, please contact your regional medical office

Up-front Medical Exams and Forms (IMM 1017 EFC and Appendix C)

Up-front medical exams are performed when applicants arrive for their immigration medical exam appointment with a completed Appendix C - Medical Instructions form. The Medical Report - Section A (IMM 1017 EFC) form is used for up-front medical exams. DMPs should have a supply of IMM 1017 EFC forms on hand. To order forms, see the instructions in the table above.

As noted earlier, a detailed guide to the completion of the Medical Report forms for Canadian immigration is Appendix II.

11.2 Verifying the Identity of Individuals Presenting for an IME

The integrity of the IME process requires that the individual who undergoes the IME is the same individual who is the actual applicant for immigration. Attempts involving applicant substitution are infrequent but they do occur. DMPs must ensure that processes are in place to verify the identity of the applicant at the time of the IME and when clinical, radiological and laboratory investigations are undertaken.

The DMP must confirm the identity of the applicant using a government-issued photo-identity document such as a passport or national identity card. When a passport is not available, only an original national identity document incorporating a photograph, full name, date of birth and signature can be substituted. The national identity card should have been issued within the last 10 years. Photocopies (certified or not certified) of passports or national identity documents are not acceptable.

Following confirmation of identity, the DMP will take the following steps:

- Generally, ensure that the immigration or visa office has attached the photographs of the applicant to the IMM 1017 or the IMM 1017 EDE. If the IMM

1017 EFC is used, photographs must be attached to both copy 1 and copy 2 of the form. In addition, photographs must be attached to Sections D and E of the IMM 5419.

- DMPs in Canada may have to attach the photos provided by the applicant after verifying that the photographs are those of the applicant.
- Stamp the top right corner of all of the attached photographs using the DMP stamp.
- For IMM 1017 EFC forms, complete in full the required information in "Details of person examined" and "Details of principal applicant." The information must be identical in each of the two parts of the form (carbonless copy) and in Appendix C: Medical Instructions.

Applicants or legal guardians should sign the documents personally in the presence of the DMP or clinic staff. Illiterate applicants should make a mark or provide a thumbprint witnessed by the DMP or clinic staff, and it should be noted on the document that the making of the mark or thumbprint was observed.

Concerns Regarding Identity

DMPs who are concerned about the validity of the applicant's identity should not confront or challenge the applicant in that regard. In those situations, the IME should be completed routinely. Details related to the DMP's concerns or suspicions must be recorded on the IME forms and, in addition, forwarded to the responsible regional medical office as described in Section 9.1 of this handbook.

Simultaneous or Duplicate IMEs

Occasionally, applicants may be seeking examination at two locations at the same time. In addition, DMPs may encounter applicants presenting for a second IME while the initial examination is still in process. If a DMP becomes aware that an applicant has recently been examined at another location or is currently undergoing another Canadian IME, the DMP must notify the responsible regional medical office.

11.3 Management of IME Forms and Documents

Completed medical forms, results of laboratory investigations and accompanying documents and radiographs are to be forwarded by post or courier by the DMP to the regional medical office responsible for the applicant's case file and *must not be given to the applicant or their representative*. Completed files should be forwarded within five working days of the receipt of all required information.

- In the case of students or other urgent cases, DMPs may have received instructions from the regional medical officer to forward these records as soon as possible. In addition, applicants or their representatives may request the expedient forwarding of completed medical forms to the responsible regional medical office. In these situations, DMPs may levy additional charges for commercial courier services or expedited postal transmission. Applicants or their representatives should be advised of the additional costs when they request expedient transmission of the medical records.

Incomplete Cases

Occasionally, applicants will withdraw from the IME process or fail to complete or comply with instructions. When DMPs are advised or become aware that

- an applicant has withdrawn from the IME process,
- is unable or unwilling to comply with Canadian requirements, or
- fails to return to the DMP for a period greater than eight weeks for follow-up investigations,

the DMP should forward the incomplete medical report to the responsible regional medical office with an accompanying notification indicating the reason that the IME has not been completed. That notification should also outline the number and nature (telephone, post, fax) of attempts used by the DMP or staff to have the applicant return for the required investigations or follow-up.

11.4 Conducting an Immigration Medical Examination

In conducting a Canadian immigration medical examination, the practitioner performing the examination will undertake the following activities.

- Provide a routine appointment for Canadian IMEs within 14 days of a request by a person who presents with a Medical Report form IMM 1017 or other relevant document as indicated in Appendix II, "Guide to the Completion of the Medical Report Forms for Canadian Immigration."
  - DMPs performing IMEs on international students may be requested by regional medical officers to schedule IME appointments for students on shorter notice. DMPs unable to meet these requests should discuss the issue with their responsible regional medical officer.
  - In rare instances, CIC will request an expedient medical examination in situations of emergency. In those situations, a DMP is expected to arrange an appointment within 24 hours.

- Verify that the person presenting for examination is the person pictured in Medical Report: Section A; Client Identification & Summary. See Section 11.2 regarding verifying identity and using the DMP stamp to authenticate the photograph.
- Ensure that the applicant, or parent/guardian, completes and signs Medical Report: Section B; Functional Inquiry, Background Information and Applicant's Declaration (IMM 5419).
- Carefully review and provide details on the applicant's responses to the questions regarding functional inquiry in Medical Report: Section B (IMM 5419).
- Perform a comprehensive physical and mental examination, and provide a complete report of this assessment by completing Medical Report: Section C; Examining Doctor's Findings (IMM 5419).
- Attach the applicant's photograph to the appropriate places on Medical Report: Sections D and E (IMM 5419). Using the official DMP stamp, stamp over the right end of the required signature areas and the top right corner of the photographs of the applicant on the IMM 1017 and IMM 5419. Ensure that the applicant or parent/guardian signs the Applicant Declaration in Medical Report: Section D (IMM 5419).
- Provide appropriate age-defined laboratory investigations as specified in Medical Report: Section D; Laboratory Requisition (IMM 5419):

  a) urinalysis (protein, glucose and blood by dipstick—if blood positive, then microscopic report required) for applicants five years and over;

  b) serological test for syphilis for applicants 15 years and over;

  c) HIV testing for applicants 15 years of age and over, as well as for those children who have received blood or blood products, have a known HIV-positive mother, or have an identified risk. An ELISA HIV screening test should be done for HIV 1 and HIV 2; and

  d) serum creatinine if the applicant has hypertension (resting blood pressure greater than 140/90 mm Hg), a history of treated hypertension, diabetes, autoimmune disorder, persistent proteinuria, or kidney disorder.

  Note: Excessive demand exempt applicants are not required to undergo serum creatinine testing even if the above-noted conditions are present.

- Provide applicants having an HIV test with HIV pre-test counselling. Ensure HIV-positive applicants receive post-test counselling and sign the acknowledgement of HIV post-test counselling form. Further information on

HIV testing issues is located in Appendix II "Guide to the Completion of the Medical Report Forms for Canadian Immigration."

- Have the person performing the phlebotomy and/or receiving the laboratory specimen(s), sign the signature box in Medical Report: Section D; Laboratory Requisition (IMM 5419), confirming that the sample was collected from the individual identified on the form.
- Provide an adequately labeled (name, date of birth, date of exam as per Gregorian calendar) postero-anterior chest x-ray film for applicants 11 years and older, and for those under 11 years of age if there is any relevant history or clinical indication. Examples of situations where applicants less than 11 years of age would provide a chest radiograph include an immediate family member suffering from or under treatment for tuberculosis, chronic respiratory disease such as cystic fibrosis, previous thoracic surgery, cyanosis or respiratory insufficiency that limits activity.
- Have the x-ray technician or radiographer sign the declaration (item 2, page 1) in Medical Report: Section E; Chest X-ray Report (IMM 5419), to certify that the x-ray was taken of the person whose photograph and signature are on the form.
- Have the radiologist complete the Chest X-ray Interpretation, the Record of Special Findings Noted, and the Certification in subsections 3, 4 and 5 of Medical Report: Section E; Chest X-ray Report (IMM 5419).
- Unless otherwise advised, ensure that the radiologist provides the labeled image of the chest x-ray either on CD (in an envelope, not a jewel case) or film.
- Ensure that the radiologist provides sufficient detail in the examination report to substantiate a definitive diagnosis or a requirement for additional investigation.
- Complete a summary of abnormalities and provide an opinion as to prognosis in the summary blocks of Medical Report: Section A (IMM 1017) and Section C (IMM 5419) for each applicant based on the history, mental/physical examination and diagnostic tests.
- Collate the completed Medical Report forms (in order) with laboratory reports and chest x-ray(s), and then arrange for the direct and timely transmission of these documents, by mail or courier, to the RMO. Medical office contact information is available in Appendix I.
- Provide or arrange for the provision of such supplementary reports or diagnostic tests as may be requested or required by standing instructions issued by a CIC medical officer. These supplementary reports and/or diagnostic tests should

be sent directly from the laboratory or consultant to the DMP for collation and transmission to the RMO.

- Provide medical advice to an applicant with respect to any finding which is unknown to the applicant. In so doing, normal professional and ethical standards will be upheld with respect to referral back to the applicant's usual attending physician or applicable referral to an appropriate specialist, if the applicant so requests.

- Personally conduct all clinical activities with respect to the medical examination of the applicant. When further medical reports are requested by a medical officer, these reports must be provided by a specialist of the DMP's choosing. Reports provided by a physician of the applicant's choosing are not acceptable, although the applicant's previous medical records can be provided in addition to the currently requested report.

    - Specialists or consultants preparing additional reports requested as part of the IME should be advised that their reports should be objective, detailed and limited to the question posed. They should not include comments about their impressions regarding suitability for immigration or fitness for travel.

    - These reports should be complete and contain a thorough clinical review, discussion and interpretation of clinical findings. Prognostic determination should be based on the anticipated clinical course and likely need for intervention or treatment (medical and/or surgical) over the following several (five) years.

    - It is the DMP's responsibility to select specialists and consultants who are able and willing to provide complete reports.

Note: The DMP does not provide an assessment in terms of the medical admissibility or inadmissibility of the applicant to Canada. DMPs must take care not to make any statements or provide any indication to applicants which might be construed as implying a favourable or unfavourable immigration assessment outcome. This is the responsibility of the visa or immigration officer.

Appendix I:
Contact Information

In Canada

OPERATIONS DIRECTORATE

Director of Operations
Health Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, ON K1A 1L1

INTERIM FEDERAL HEALTH PROGRAM (IFHP)

Director, Interim Federal Health Program
Health Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, ON K1A 1L1
Email: IFH-PFSI@cic.gc.ca
(General IFHP inquiries)

IFHP MEDAVIE BLUE CROSS

644 Main St. PO Box 6000
Moncton, NB E1C 0P9
Secure provider web portal https://provider.medavie.bluecross.ca
Customer Service Centre 1-888-614-1880
Email: CIC_Inquiry@medavie.bluecross.ca
Fax: 506-867-4651

DMP PROGRAM MANAGEMENT AND CONTROL

Manager, DMP Program
Operations Directorate
Health Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, ON K1A 1L1

Regional Medical Offices

Beijing

Overseas Health Management Services
Canadian Embassy
19 Dongzhimenwai Dajie
Chaoyang District
Beijing, People's Republic of China 100600

Fax: +86 10 5139 4467

London

Overseas Health Management Services
High Commission of Canada / Haut-commissariat du Canada
MacDonald House
38 Grosvenor Street
London, England W1K 4AA

Fax: +44 (0) 20 7258

Manila

Overseas health Management Services
The Canadian Embassy
Level 7 Tower 2 RCBC Plaza
6819 Ayal Avenue, Makati City
0707, Philippines

Fax: +632 843 1103

New Delhi

Overseas Health Management Services
High Commission of Canada / Haut-commissariat du Canada
7/8 Shantipath, Chanakyapuri
New Delhi 110021, India

Fax: +91 11 41782020

Ottawa

Ottawa Regional Medical Office
Health Management Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, ON K1A 1L1
Canada

Fax: +1 613 954 6211

Paris

Overseas Health Management Services
The Canadian Embassy
35 Montaigne Ave.
75008 Paris, France

Fax: +33 1 44 43 29 83

Port of Spain

Overseas Health Management Services
High Commission of Canada / Haut-commissariat du Canada
Maple House, Tatil Centre
3-3A Sweet Briar Road
PO Box 1295
Port of Spain
Trinidad, W.I.

Fax: +1 868 628 6993

Singapore

Overseas Health Management Services
High Commission of Canada / Haut-commissariat du Canada
1 George Street, # 11-01
Singapore 049145

Fax: +65 6854 5911

Appendix II:

Guide to the Completion of the Medical Report Forms for Canadian Immigration

1. MEDICAL REPORT FORMS - GENERAL INFORMATION

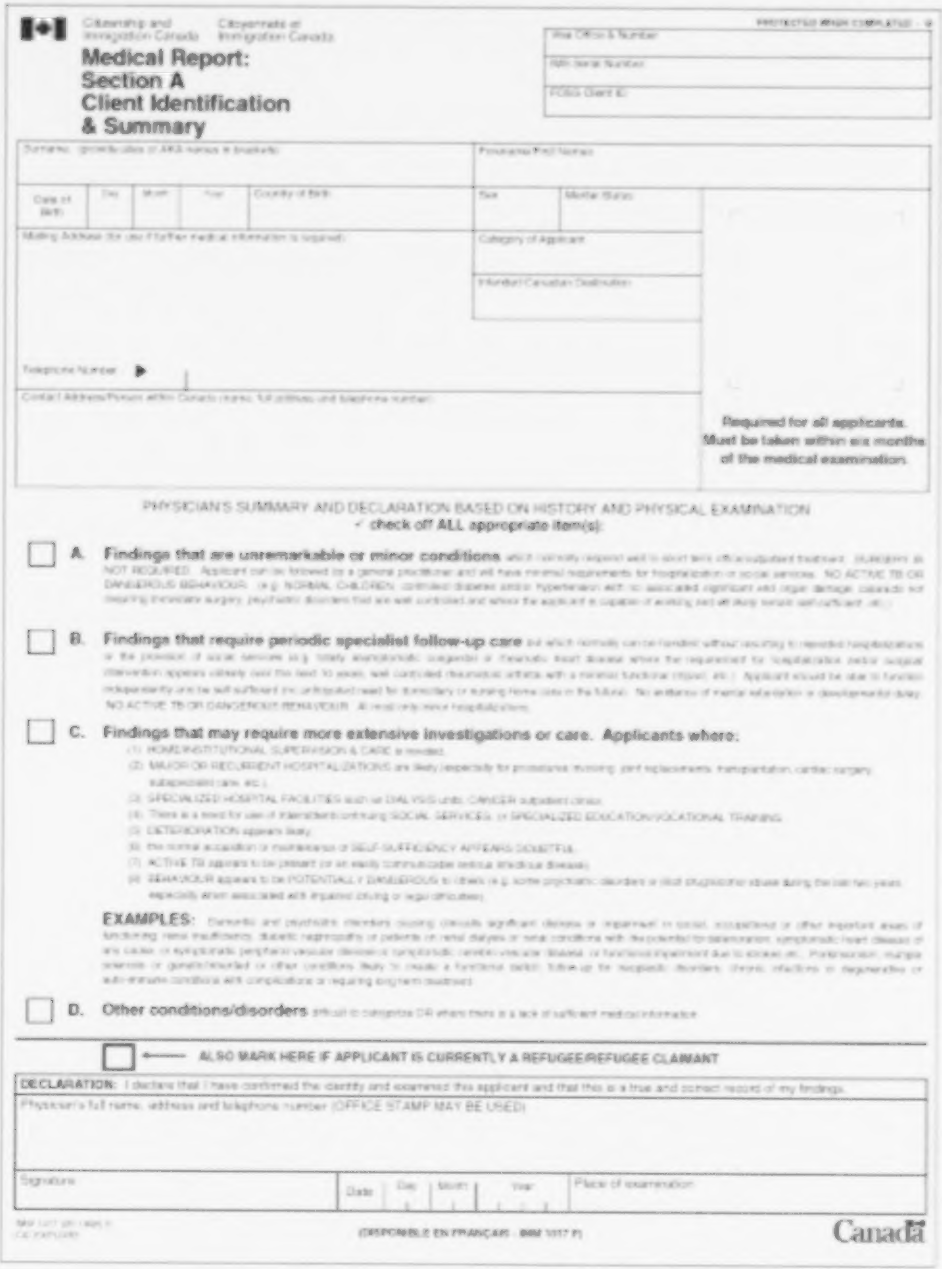
CIC's Medical Report forms are the IMM 1017 (Medical Report: Section A) and the IMM 5419 (Medical Report: Sections B-E).

Canada's *Immigration and Refugee Protection Act* provides three health grounds for inadmissibility: danger to public health, danger to public safety, and excessive demand on health or social services. Certain permanent resident applicants are exempt from excessive demand assessment, including refugees, spouses and dependent children of Canadians.

CIC has three different IMM 1017 forms, depending on whether or not an applicant is excessive demand exempt:

- **IMM 1017** - used for non-excessive demand exempt applicants. A sample form is presented in this appendix.
- **IMM 1017 EDE-EFE** - used for certain excessive demand exempt applicants. It is similar in appearance to the IMM 1017, but marked with an EDE-EFE stamp to indicate it is an excessive demand exempt case. A sample form is presented in this appendix.
- **IMM 1017 EFC** - used for certain excessive demand exempt family class applicants. A sample form is presented in this appendix, together with Appendix C - Medical Instructions. There are two **IMM 1017 EFC** forms, one used outside Canada and the other for persons examined in Canada.

IMM 1017 (05-1998)E



Medical Report:
Section A
Client Identification
& Summary

Required for all applicants.
Must be taken within six months
of the medical examination.

PHYSICIAN'S SUMMARY AND DECLARATION BASED ON HISTORY AND PHYSICAL EXAMINATION
✓ **check off ALL appropriate item(s):**

☐ A. **Findings that are unremarkable or minor conditions**

☐ B. **Findings that require periodic specialist follow-up care**

☐ C. **Findings that may require more extensive investigations or care. Applicants where:**

EXAMPLES:

☐ D. **Other conditions/disorders**

☐ ⟵ **ALSO MARK HERE IF APPLICANT IS CURRENTLY A REFUGEE/REFUGEE CLAIMANT**

DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.

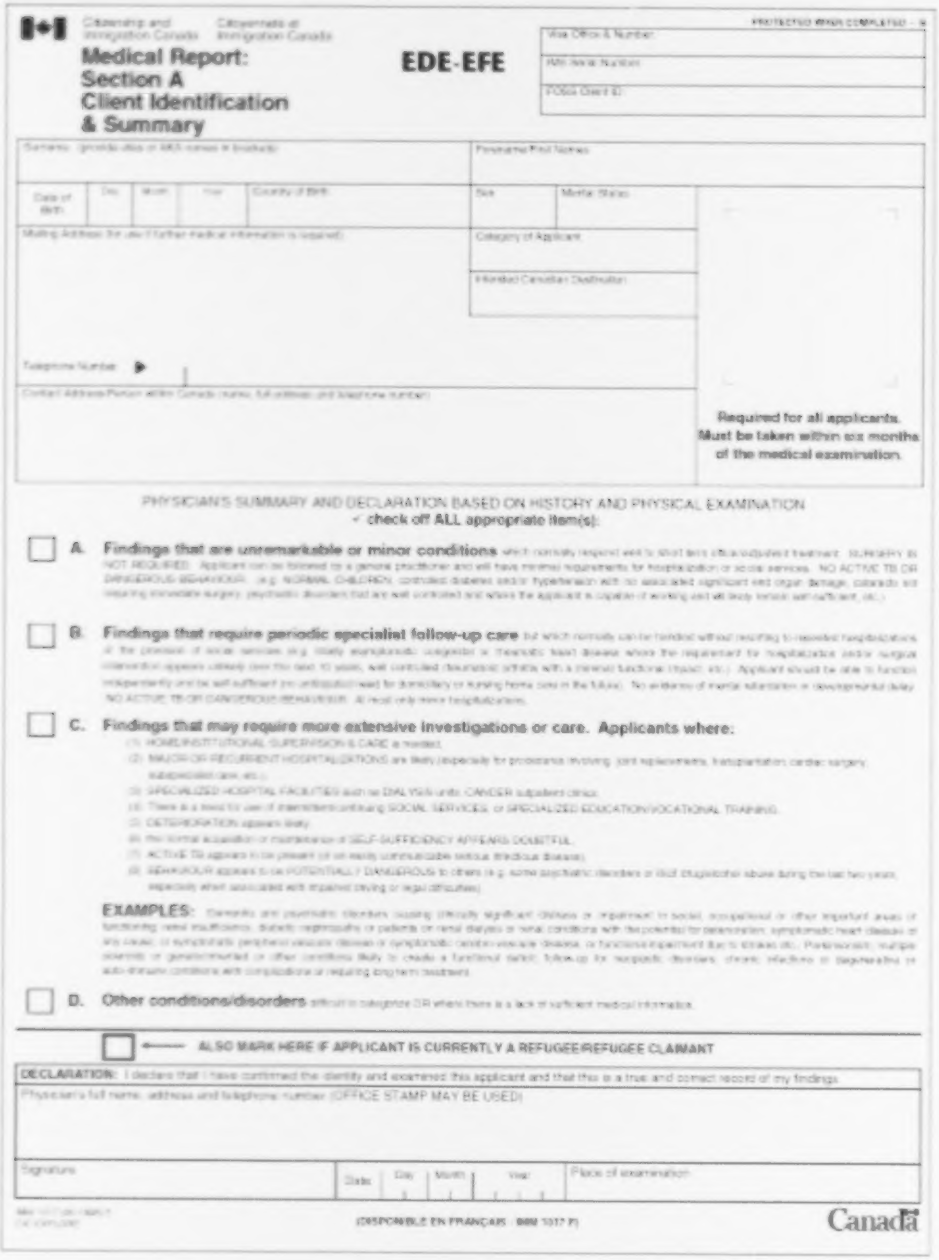
Physician's full name, address and telephone number (OFFICE STAMP MAY BE USED)

Signature	Date	Day	Month	Year	Place of examination

(DISPONIBLE EN FRANÇAIS - IMM 1017 F)

Canada

IMM 1017 (05-1998)E EDE-EFE



Citizenship and Immigration Canada | Citoyenneté et Immigration Canada

PROTECTED WHEN COMPLETED - B

Medical Report:
Section A
Client Identification
& Summary

EDE-EFE

Visa Office & Number

IMM Serial Number

FOSS Client ID

Surname (provide alias or AKA names in brackets)

Forename/First Names

Date of Birth | Day | Month | Year | Country of Birth

Sex | Marital Status

Mailing Address (for use if further medical information is required)

Category of Applicant

Intended Canadian Destination

Telephone Number

Contact Address/Person within Canada (name, full address and telephone number)

Required for all applicants.
Must be taken within six months
of the medical examination.

PHYSICIAN'S SUMMARY AND DECLARATION BASED ON HISTORY AND PHYSICAL EXAMINATION
✓ **check off ALL appropriate item(s):**

☐ A. **Findings that are unremarkable or minor conditions**

☐ B. **Findings that require periodic specialist follow-up care**

☐ C. **Findings that may require more extensive investigations or care. Applicants where:**

EXAMPLES:

☐ D. **Other conditions/disorders**

☐ ← **ALSO MARK HERE IF APPLICANT IS CURRENTLY A REFUGEE/REFUGEE CLAIMANT**

DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.

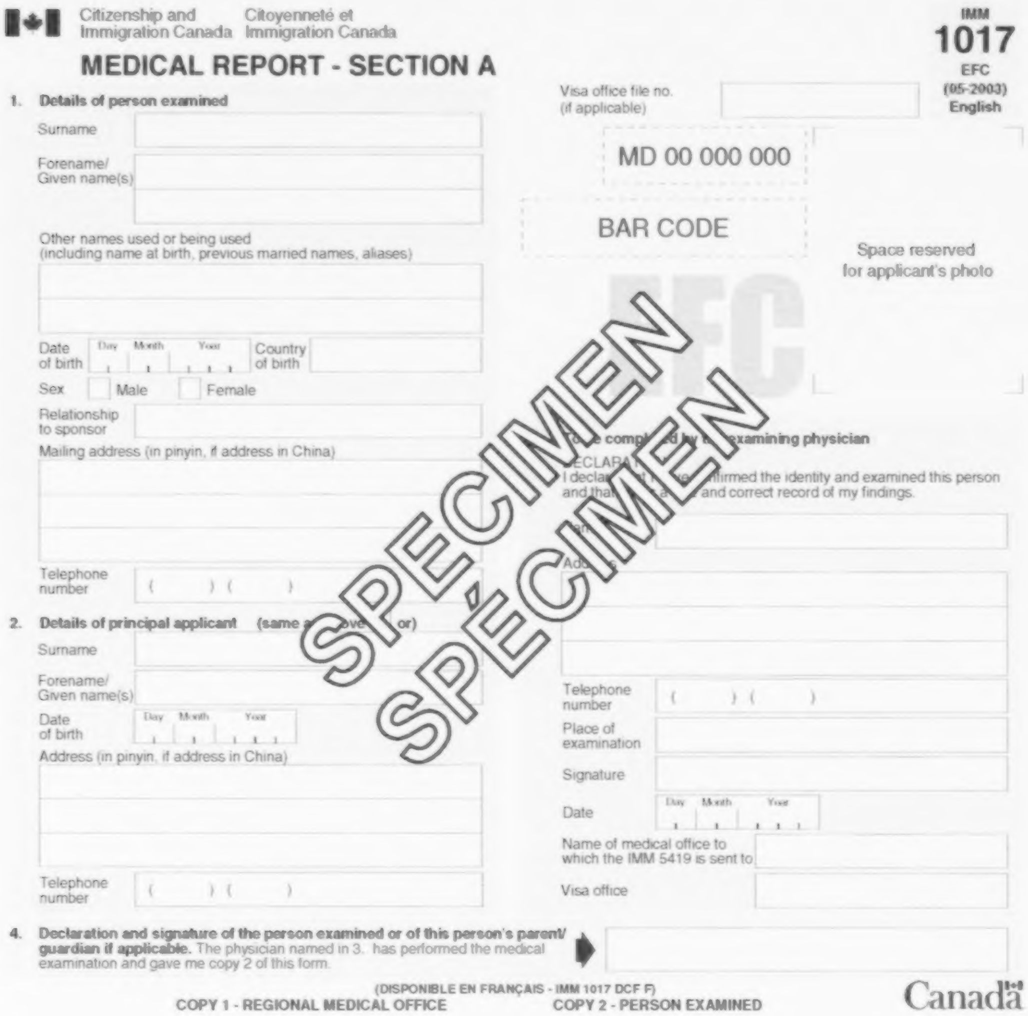
Physician's full name, address and telephone number (OFFICE STAMP MAY BE USED)

Signature | Date | Day | Month | Year | Place of examination

(DISPONIBLE EN FRANÇAIS - IMM 1017 F)

Canada

IMM 1017 EFC (05-2003) and Appendix C - Medical Instructions



Citizenship and Immigration Canada | Citoyenneté et Immigration Canada

IMM
1017
EFC
(05-2003)
English

MEDICAL REPORT - SECTION A

Visa office file no. (if applicable)

MD 00 000 000

BAR CODE

Space reserved for applicant's photo

EFC
SPECIMEN
SPÉCIMEN

1. Details of person examined

Surname

Forename/ Given name(s)

Other names used or being used (including name at birth, previous married names, aliases)

Date of birth Day Month Year — Country of birth

Sex ☐ Male ☐ Female

Relationship to sponsor

Mailing address (in pinyin, if address in China)

Telephone number ( ) ( )

2. Details of principal applicant (same as above [illegible] or)

Surname

Forename/ Given name(s)

Date of birth Day Month Year

Address (in pinyin, if address in China)

Telephone number ( ) ( )

[illegible] To be completed by the examining physician

DECLARATION
I declare that I have confirmed the identity and examined this person and that this is a true and correct record of my findings.

Name

Address

Telephone number ( ) ( )

Place of examination

Signature

Date Day Month Year

Name of medical office to which the IMM 5419 is sent to

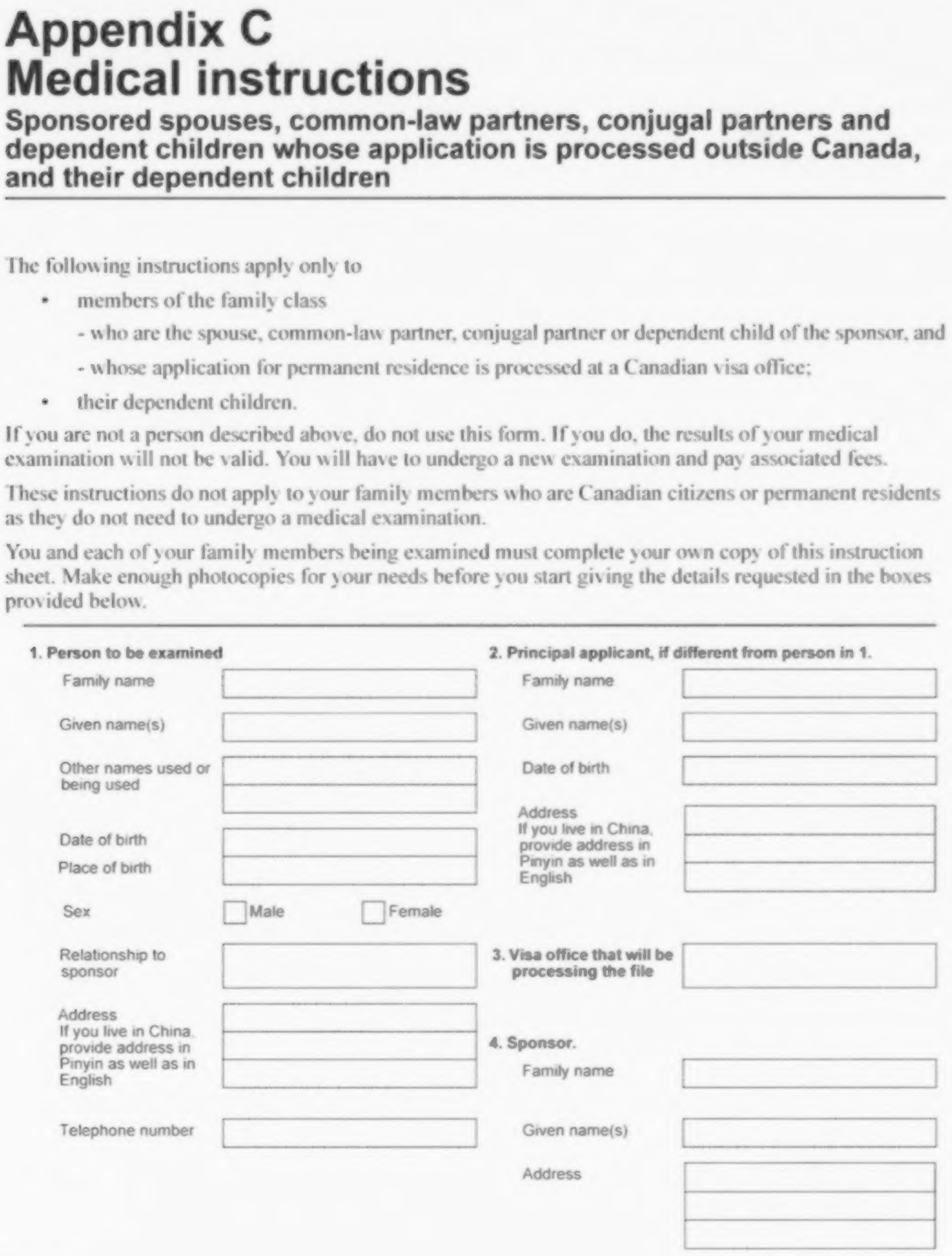
Visa office

4. Declaration and signature of the person examined or of this person's parent/ guardian if applicable. The physician named in 3. has performed the medical examination and gave me copy 2 of this form.

(DISPONIBLE EN FRANÇAIS - IMM 1017 DCF F)

COPY 1 - REGIONAL MEDICAL OFFICE — COPY 2 - PERSON EXAMINED

Canada



Appendix C
Medical instructions

Sponsored spouses, common-law partners, conjugal partners and dependent children whose application is processed outside Canada, and their dependent children

The following instructions apply only to

- members of the family class
  - who are the spouse, common-law partner, conjugal partner or dependent child of the sponsor, and
  - whose application for permanent residence is processed at a Canadian visa office;
- their dependent children.

If you are not a person described above, do not use this form. If you do, the results of your medical examination will not be valid. You will have to undergo a new examination and pay associated fees.

These instructions do not apply to your family members who are Canadian citizens or permanent residents as they do not need to undergo a medical examination.

You and each of your family members being examined must complete your own copy of this instruction sheet. Make enough photocopies for your needs before you start giving the details requested in the boxes provided below.

1. Person to be examined

Family name

Given name(s)

Other names used or being used

Date of birth

Place of birth

Sex ☐ Male ☐ Female

Relationship to sponsor

Address
If you live in China, provide address in Pinyin as well as in English

Telephone number

2. Principal applicant, if different from person in 1.

Family name

Given name(s)

Date of birth

Address
If you live in China, provide address in Pinyin as well as in English

3. Visa office that will be processing the file

4. Sponsor.

Family name

Given name(s)

Address

Appendix C - Medical Instructions (cont)

When you and your family members go for your medical examination, make sure you have this sheet completed for each person, along with the following items:

- passports for yourself and your family members, plus a photocopy of the bio-data page of each passport. If a passport is not available, provide an official identity document bearing the photo and date of birth of the family member;
- eye glasses or contact lenses, if you or your family members wear them;
- previous medical report(s), if any. You must tell the examining doctor about all past and present medical problems and conditions, and provide the doctor with any available documentation such as physician's reports, treatment or prescriptions; and
- five recent pictures taken within six months preceding the date of the examination and, where applicable, a negative for yourself and your family members (see section on photos in the instructions on how to complete the Application for permanent residence).

Make an appointment with one of the doctors identified on the enclosed list. A Medical Report, Section A (form IMM 1017 EFC) will be completed at the doctor's office for yourself and each of your family members undergoing the medical exam. A photo of the person to be examined by the doctor will be affixed on both copies of that person's form. This form is used to match your medical file to your immigrant file.

The doctor will sign the form and mail the first copy to the Canadian Regional Medical Office (RMO) with the results of the examination. You will be given the second copy as proof you underwent the medical examination. You must include this copy with your immigrant application when you send it to your sponsor. Photocopies will not be accepted. If you lose it, you will not be able to obtain a duplicate; you will have to redo the medical examination and pay any associated fees again.

We will review the medical results to determine whether there are any medical reasons which would prevent you or your family members from coming to Canada.

You and each of your family members will also have to complete your own copy of the Medical Report, Section B (form IMM 5419). You will have to write your answers to the questions on this form in the presence of the examining doctor, who will then proceed to complete Section C, D and E.

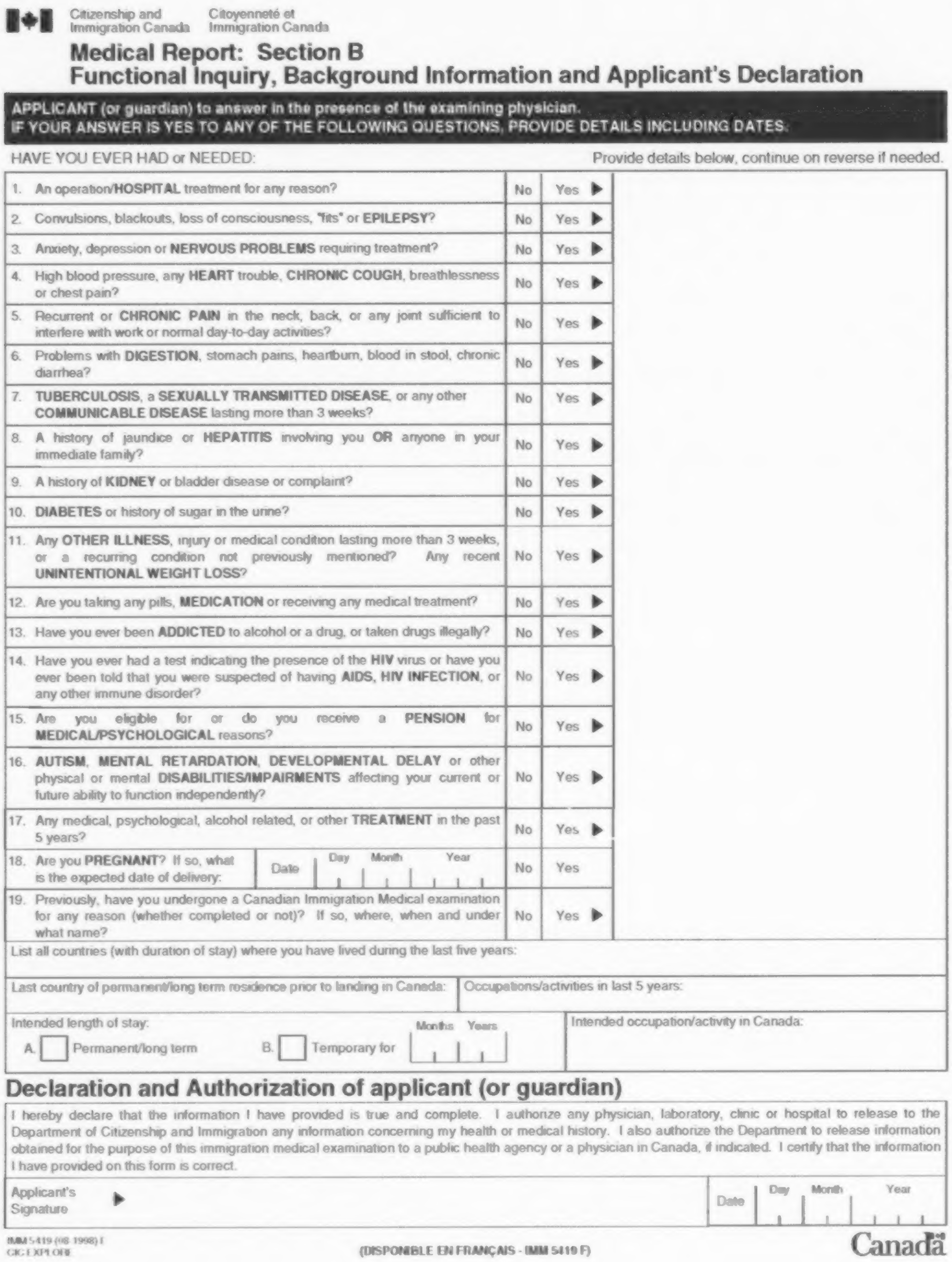
The medical examination includes:

- complete physical examination for all family members;
- chest X-ray and a radiologist's report for everyone aged 11 years and over;
- blood test for everyone aged 15 years or over;
- urinalysis for everyone aged 5 years or over;
- HIV testing for everyone aged 15 years or over, as well as for children who have received blood or blood products, or have a known HIV mother.

If your medical results prove satisfactory, they have a validity of one year from the date of examination. Therefore, you should make arrangements to have the date of your medical examination precede as closely as possible the date you will be sending your application and supporting documentation to your sponsor.

If the processing of your application for permanent residence is delayed and we cannot reach a decision about your application before the validity of your medical examination expires, you will be required to do the medical examination again.

IMM 5419 (08-1998)E
Section B



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Medical Report: Section B
Functional Inquiry, Background Information and Applicant's Declaration

APPLICANT (or guardian) to answer in the presence of the examining physician.
IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE DETAILS INCLUDING DATES.

HAVE YOU EVER HAD or NEEDED: Provide details below, continue on reverse if needed.

1. An operation/**HOSPITAL** treatment for any reason?	No	Yes ▶	
2. Convulsions, blackouts, loss of consciousness, "fits" or **EPILEPSY**?	No	Yes ▶	
3. Anxiety, depression or **NERVOUS PROBLEMS** requiring treatment?	No	Yes ▶	
4. High blood pressure, any **HEART** trouble, **CHRONIC COUGH**, breathlessness or chest pain?	No	Yes ▶	
5. Recurrent or **CHRONIC PAIN** in the neck, back, or any joint sufficient to interfere with work or normal day-to-day activities?	No	Yes ▶	
6. Problems with **DIGESTION**, stomach pains, heartburn, blood in stool, chronic diarrhea?	No	Yes ▶	
7. **TUBERCULOSIS**, a **SEXUALLY TRANSMITTED DISEASE**, or any other **COMMUNICABLE DISEASE** lasting more than 3 weeks?	No	Yes ▶	
8. A history of jaundice or **HEPATITIS** involving you **OR** anyone in your immediate family?	No	Yes ▶	
9. A history of **KIDNEY** or bladder disease or complaint?	No	Yes ▶	
10. **DIABETES** or history of sugar in the urine?	No	Yes ▶	
11. Any **OTHER ILLNESS**, injury or medical condition lasting more than 3 weeks, or a recurring condition not previously mentioned? Any recent **UNINTENTIONAL WEIGHT LOSS**?	No	Yes ▶	
12. Are you taking any pills, **MEDICATION** or receiving any medical treatment?	No	Yes ▶	
13. Have you ever been **ADDICTED** to alcohol or a drug, or taken drugs illegally?	No	Yes ▶	
14. Have you ever had a test indicating the presence of the **HIV** virus or have you ever been told that you were suspected of having **AIDS, HIV INFECTION**, or any other immune disorder?	No	Yes ▶	
15. Are you eligible for or do you receive a **PENSION** for **MEDICAL/PSYCHOLOGICAL** reasons?	No	Yes ▶	
16. **AUTISM**, **MENTAL RETARDATION**, **DEVELOPMENTAL DELAY** or other physical or mental **DISABILITIES/IMPAIRMENTS** affecting your current or future ability to function independently?	No	Yes ▶	
17. Any medical, psychological, alcohol related, or other **TREATMENT** in the past 5 years?	No	Yes ▶	
18. Are you **PREGNANT**? If so, what is the expected date of delivery: Date Day Month Year	No	Yes	
19. Previously, have you undergone a Canadian Immigration Medical examination for any reason (whether completed or not)? If so, where, when and under what name?	No	Yes ▶	

List all countries (with duration of stay) where you have lived during the last five years:

Last country of permanent/long term residence prior to landing in Canada:

Occupations/activities in last 5 years:

Intended length of stay:
A. ☐ Permanent/long term   B. ☐ Temporary for   Months   Years

Intended occupation/activity in Canada:

Declaration and Authorization of applicant (or guardian)

I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Department of Citizenship and Immigration any information concerning my health or medical history. I also authorize the Department to release information obtained for the purpose of this immigration medical examination to a public health agency or a physician in Canada, if indicated. I certify that the information I have provided on this form is correct.

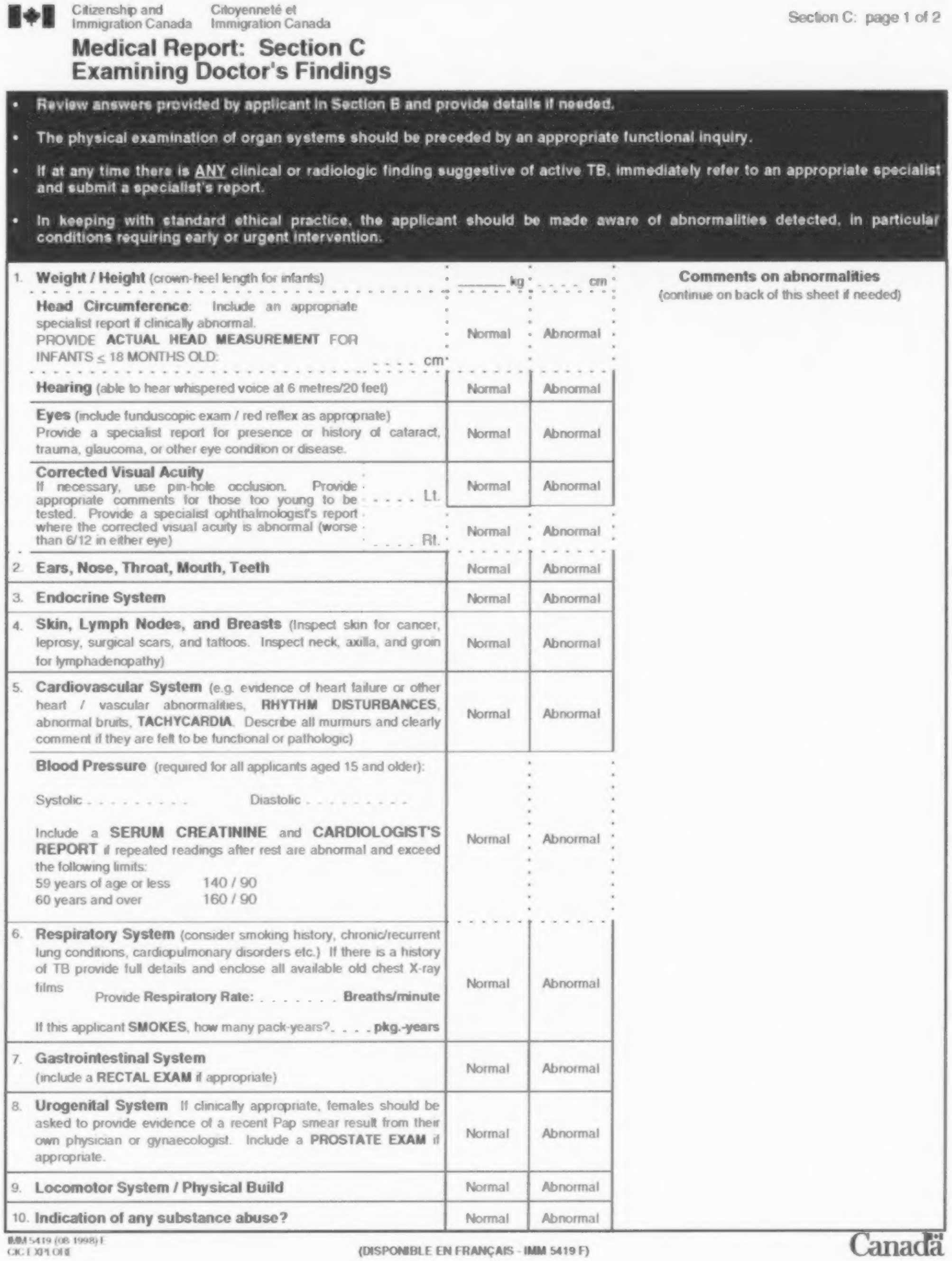
Applicant's Signature ▶   Date   Day   Month   Year

IMM 5419 (08-1998) E
CIC EXPLORE

(DISPONIBLE EN FRANÇAIS - IMM 5419 F)

Canada

IMM 5419 (08-1998)E
Section C



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Section C: page 1 of 2

Medical Report: Section C
Examining Doctor's Findings

- **Review answers provided by applicant in Section B and provide details if needed.**
- **The physical examination of organ systems should be preceded by an appropriate functional inquiry.**
- **If at any time there is ANY clinical or radiologic finding suggestive of active TB, immediately refer to an appropriate specialist and submit a specialist's report.**
- **In keeping with standard ethical practice, the applicant should be made aware of abnormalities detected, in particular conditions requiring early or urgent intervention.**

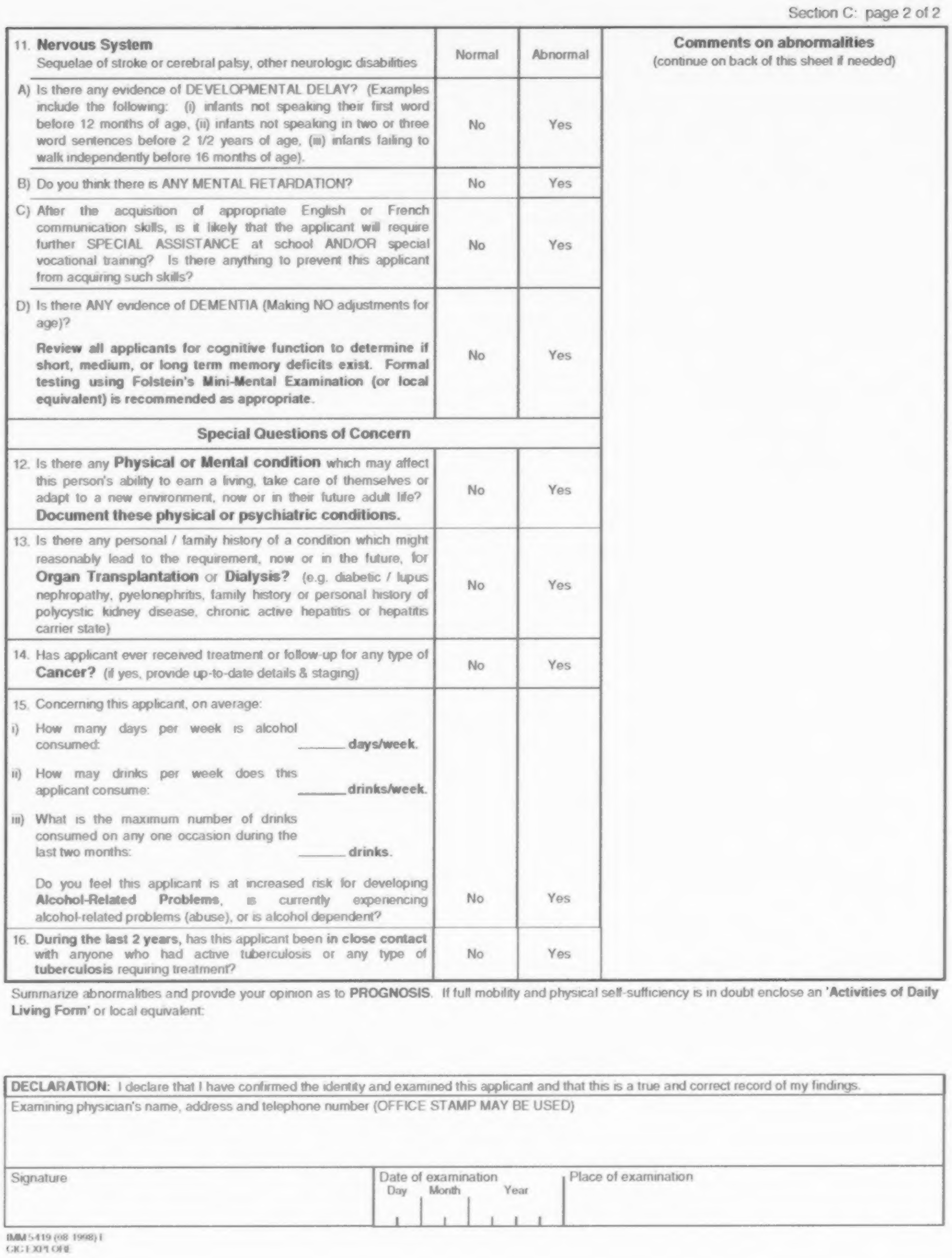
1.	**Weight / Height** (crown-heel length for infants)	______ kg	. . . . cm	**Comments on abnormalities** (continue on back of this sheet if needed)
	Head Circumference: Include an appropriate specialist report if clinically abnormal. PROVIDE **ACTUAL HEAD MEASUREMENT** FOR INFANTS ≤ 18 MONTHS OLD: . . . . cm	Normal	Abnormal	
	Hearing (able to hear whispered voice at 6 metres/20 feet)	Normal	Abnormal	
	Eyes (include funduscopic exam / red reflex as appropriate) Provide a specialist report for presence or history of cataract, trauma, glaucoma, or other eye condition or disease.	Normal	Abnormal	
	Corrected Visual Acuity If necessary, use pin-hole occlusion. Provide appropriate comments for those too young to be tested. Provide a specialist ophthalmologist's report where the corrected visual acuity is abnormal (worse than 6/12 in either eye) . . . . Lt.	Normal	Abnormal	
	. . . . Rt.	Normal	Abnormal	
2.	**Ears, Nose, Throat, Mouth, Teeth**	Normal	Abnormal	
3.	**Endocrine System**	Normal	Abnormal	
4.	**Skin, Lymph Nodes, and Breasts** (Inspect skin for cancer, leprosy, surgical scars, and tattoos. Inspect neck, axilla, and groin for lymphadenopathy)	Normal	Abnormal	
5.	**Cardiovascular System** (e.g. evidence of heart failure or other heart / vascular abnormalities, **RHYTHM DISTURBANCES**, abnormal bruits, **TACHYCARDIA**. Describe all murmurs and clearly comment if they are felt to be functional or pathologic)	Normal	Abnormal	
	Blood Pressure (required for all applicants aged 15 and older): Systolic . . . . Diastolic . . . . Include a **SERUM CREATININE** and **CARDIOLOGIST'S REPORT** if repeated readings after rest are abnormal and exceed the following limits: 59 years of age or less 140 / 90 60 years and over 160 / 90	Normal	Abnormal	
6.	**Respiratory System** (consider smoking history, chronic/recurrent lung conditions, cardiopulmonary disorders etc.) If there is a history of TB provide full details and enclose all available old chest X-ray films Provide **Respiratory Rate:** . . . . **Breaths/minute** If this applicant **SMOKES**, how many pack-years? . . . . **pkg.-years**	Normal	Abnormal	
7.	**Gastrointestinal System** (include a **RECTAL EXAM** if appropriate)	Normal	Abnormal	
8.	**Urogenital System** If clinically appropriate, females should be asked to provide evidence of a recent Pap smear result from their own physician or gynaecologist. Include a **PROSTATE EXAM** if appropriate.	Normal	Abnormal	
9.	**Locomotor System / Physical Build**	Normal	Abnormal	
10.	**Indication of any substance abuse?**	Normal	Abnormal	

IMM 5419 (08 1998) E
CIC EXPLORE

(DISPONIBLE EN FRANÇAIS - IMM 5419 F)

Canada

IMM 5419 (08-1998)E
Section C (cont)



Section C: page 2 of 2

11. **Nervous System** Sequelae of stroke or cerebral palsy, other neurologic disabilities	Normal	Abnormal	**Comments on abnormalities** (continue on back of this sheet if needed)
A) Is there any evidence of DEVELOPMENTAL DELAY? (Examples include the following: (i) infants not speaking their first word before 12 months of age, (ii) infants not speaking in two or three word sentences before 2 1/2 years of age, (iii) infants failing to walk independently before 16 months of age).	No	Yes	
B) Do you think there is ANY MENTAL RETARDATION?	No	Yes	
C) After the acquisition of appropriate English or French communication skills, is it likely that the applicant will require further SPECIAL ASSISTANCE at school AND/OR special vocational training? Is there anything to prevent this applicant from acquiring such skills?	No	Yes	
D) Is there ANY evidence of DEMENTIA (Making NO adjustments for age)? **Review all applicants for cognitive function to determine if short, medium, or long term memory deficits exist. Formal testing using Folstein's Mini-Mental Examination (or local equivalent) is recommended as appropriate.**	No	Yes	
Special Questions of Concern			
12. Is there any **Physical or Mental condition** which may affect this person's ability to earn a living, take care of themselves or adapt to a new environment, now or in their future adult life? **Document these physical or psychiatric conditions.**	No	Yes	
13. Is there any personal / family history of a condition which might reasonably lead to the requirement, now or in the future, for **Organ Transplantation** or **Dialysis?** (e.g. diabetic / lupus nephropathy, pyelonephritis, family history or personal history of polycystic kidney disease, chronic active hepatitis or hepatitis carrier state)	No	Yes	
14. Has applicant ever received treatment or follow-up for any type of **Cancer?** (if yes, provide up-to-date details & staging)	No	Yes	
15. Concerning this applicant, on average: i) How many days per week is alcohol consumed: ______ **days/week.** ii) How may drinks per week does this applicant consume: ______ **drinks/week.** iii) What is the maximum number of drinks consumed on any one occasion during the last two months: ______ **drinks.** Do you feel this applicant is at increased risk for developing **Alcohol-Related Problems**, is currently experiencing alcohol-related problems (abuse), or is alcohol dependent?	No	Yes	
16. **During the last 2 years,** has this applicant been **in close contact** with anyone who had active **tuberculosis** or any type of **tuberculosis** requiring treatment?	No	Yes	

Summarize abnormalities and provide your opinion as to **PROGNOSIS**. If full mobility and physical self-sufficiency is in doubt enclose an **'Activities of Daily Living Form'** or local equivalent:

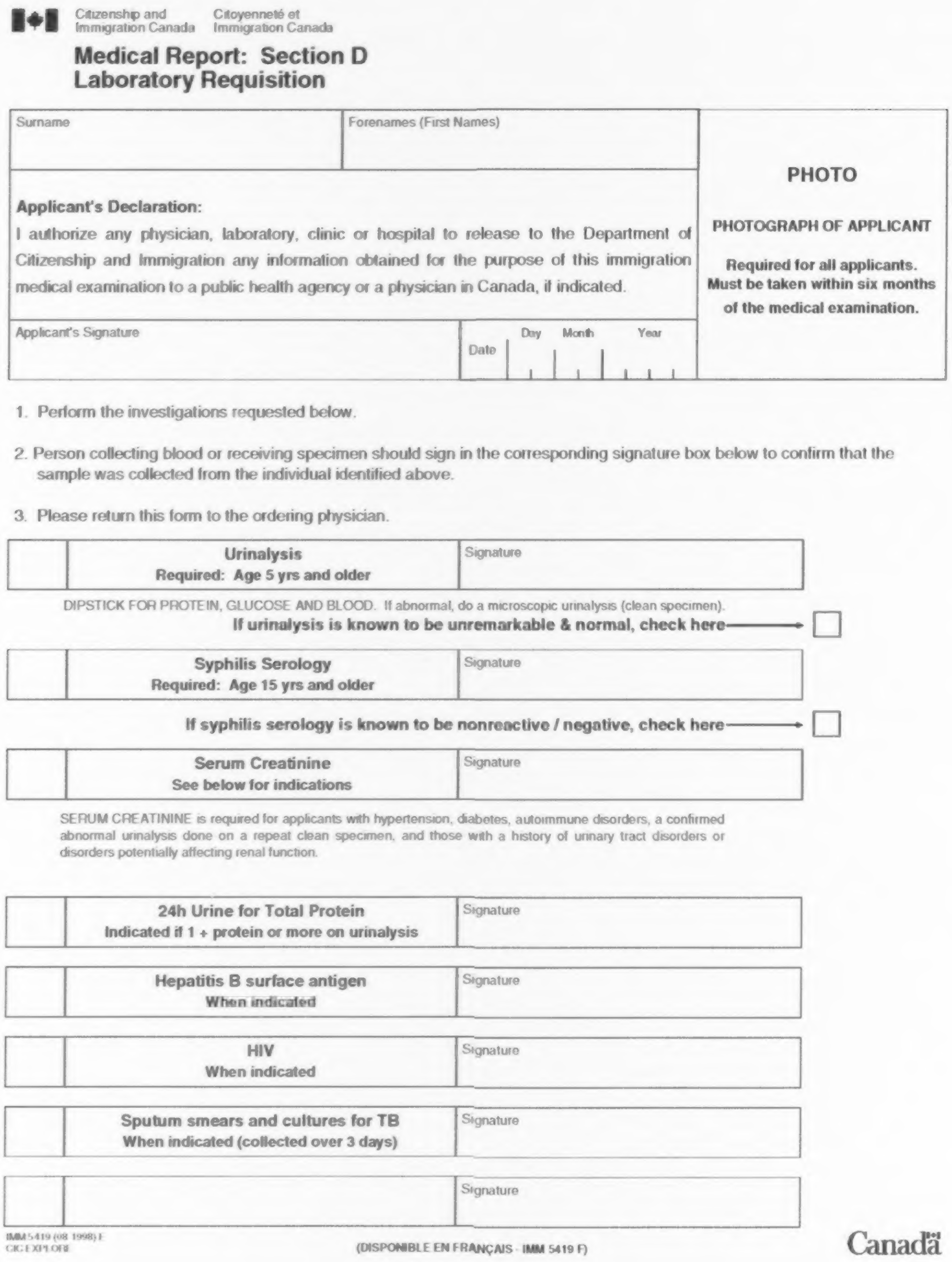
DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.

Examining physician's name, address and telephone number (OFFICE STAMP MAY BE USED)

Signature	Date of examination Day Month Year	Place of examination

IMM 5419 (08 1998) E
CIC EXPLORE

IMM 5419 (08-1998)E
Section D



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Medical Report: Section D
Laboratory Requisition

Surname	Forenames (First Names)	**PHOTO** **PHOTOGRAPH OF APPLICANT** **Required for all applicants. Must be taken within six months of the medical examination.**

Applicant's Declaration:
I authorize any physician, laboratory, clinic or hospital to release to the Department of Citizenship and Immigration any information obtained for the purpose of this immigration medical examination to a public health agency or a physician in Canada, if indicated.

Applicant's Signature

Date Day Month Year

1. Perform the investigations requested below.
2. Person collecting blood or receiving specimen should sign in the corresponding signature box below to confirm that the sample was collected from the individual identified above.
3. Please return this form to the ordering physician.

☐	**Urinalysis** **Required: Age 5 yrs and older**	Signature

DIPSTICK FOR PROTEIN, GLUCOSE AND BLOOD. If abnormal, do a microscopic urinalysis (clean specimen).

If urinalysis is known to be unremarkable & normal, check here → ☐

☐	**Syphilis Serology** **Required: Age 15 yrs and older**	Signature

If syphilis serology is known to be nonreactive / negative, check here → ☐

☐	**Serum Creatinine** **See below for indications**	Signature

SERUM CREATININE is required for applicants with hypertension, diabetes, autoimmune disorders, a confirmed abnormal urinalysis done on a repeat clean specimen, and those with a history of urinary tract disorders or disorders potentially affecting renal function.

☐	**24h Urine for Total Protein** **Indicated if 1 + protein or more on urinalysis**	Signature
☐	**Hepatitis B surface antigen** **When indicated**	Signature
☐	**HIV** **When indicated**	Signature
☐	**Sputum smears and cultures for TB** **When indicated (collected over 3 days)**	Signature
☐		Signature

IMM 5419 (08 1998) E
CIC EXPLORE

(DISPONIBLE EN FRANÇAIS - IMM 5419 F)

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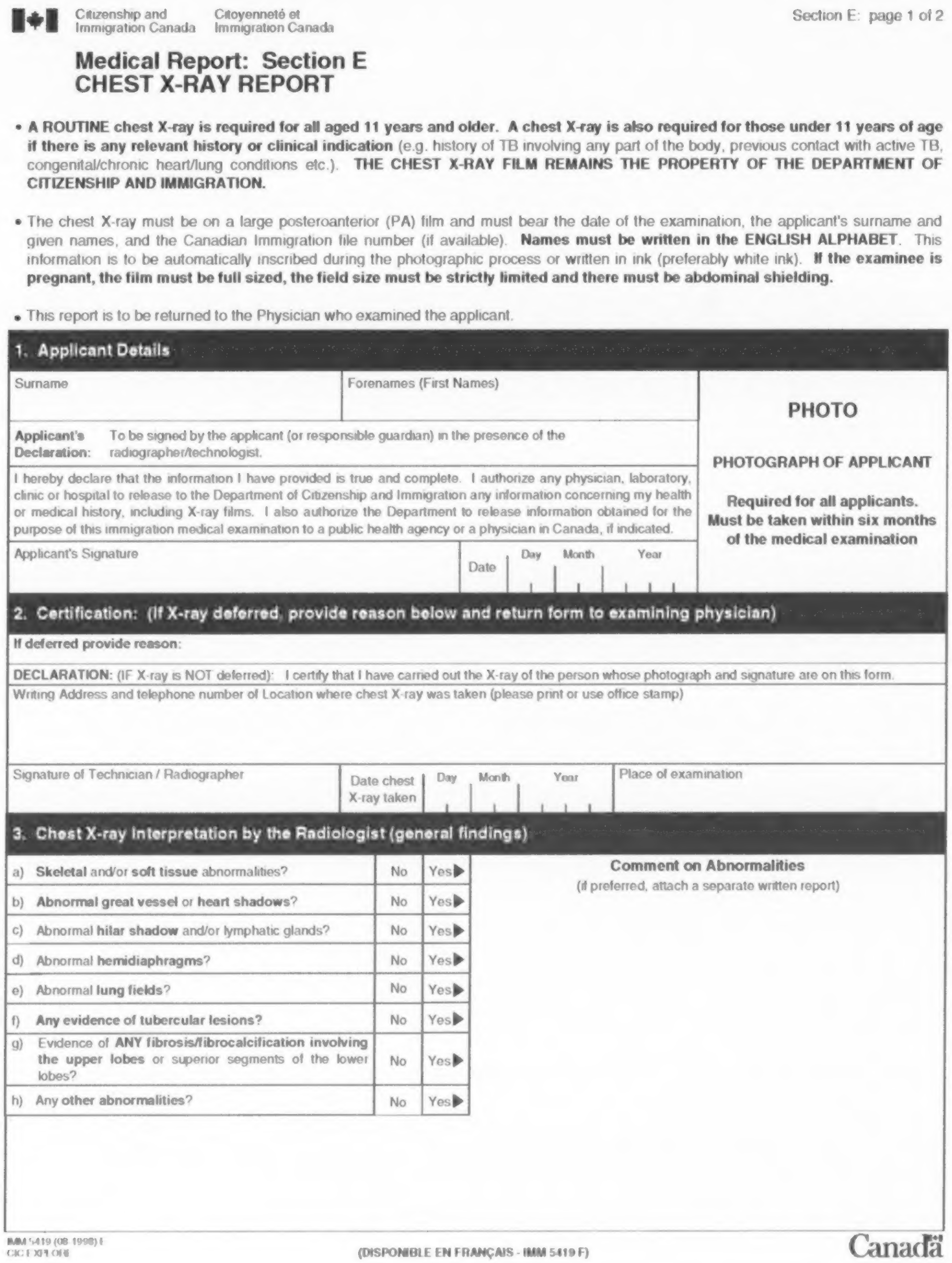

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Section E: page 1 of 2

Medical Report: Section E
CHEST X-RAY REPORT

- **A ROUTINE chest X-ray is required for all aged 11 years and older. A chest X-ray is also required for those under 11 years of age if there is any relevant history or clinical indication** (e.g. history of TB involving any part of the body, previous contact with active TB, congenital/chronic heart/lung conditions etc.). **THE CHEST X-RAY FILM REMAINS THE PROPERTY OF THE DEPARTMENT OF CITIZENSHIP AND IMMIGRATION.**

- The chest X-ray must be on a large posteroanterior (PA) film and must bear the date of the examination, the applicant's surname and given names, and the Canadian Immigration file number (if available). **Names must be written in the ENGLISH ALPHABET**. This information is to be automatically inscribed during the photographic process or written in ink (preferably white ink). **If the examinee is pregnant, the film must be full sized, the field size must be strictly limited and there must be abdominal shielding.**

- This report is to be returned to the Physician who examined the applicant.

1. Applicant Details

Surname

Forenames (First Names)

Applicant's Declaration: To be signed by the applicant (or responsible guardian) in the presence of the radiographer/technologist.

I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Department of Citizenship and Immigration any information concerning my health or medical history, including X-ray films. I also authorize the Department to release information obtained for the purpose of this immigration medical examination to a public health agency or a physician in Canada, if indicated.

Applicant's Signature

Date Day Month Year

PHOTO

PHOTOGRAPH OF APPLICANT

Required for all applicants. Must be taken within six months of the medical examination

2. Certification: (If X-ray deferred, provide reason below and return form to examining physician)

If deferred provide reason:

DECLARATION: (IF X-ray is NOT deferred): I certify that I have carried out the X-ray of the person whose photograph and signature are on this form.

Writing Address and telephone number of Location where chest X-ray was taken (please print or use office stamp)

Signature of Technician / Radiographer

Date chest X-ray taken Day Month Year

Place of examination

3. Chest X-ray Interpretation by the Radiologist (general findings)

a) **Skeletal** and/or **soft tissue** abnormalities?	No	Yes▶
b) **Abnormal great vessel** or **heart shadows**?	No	Yes▶
c) Abnormal **hilar shadow** and/or lymphatic glands?	No	Yes▶
d) Abnormal **hemidiaphragms**?	No	Yes▶
e) Abnormal **lung fields**?	No	Yes▶
f) **Any evidence of tubercular lesions?**	No	Yes▶
g) Evidence of **ANY fibrosis/fibrocalcification involving the upper lobes** or superior segments of the lower lobes?	No	Yes▶
h) Any other **abnormalities**?	No	Yes▶

Comment on Abnormalities
(if preferred, attach a separate written report)

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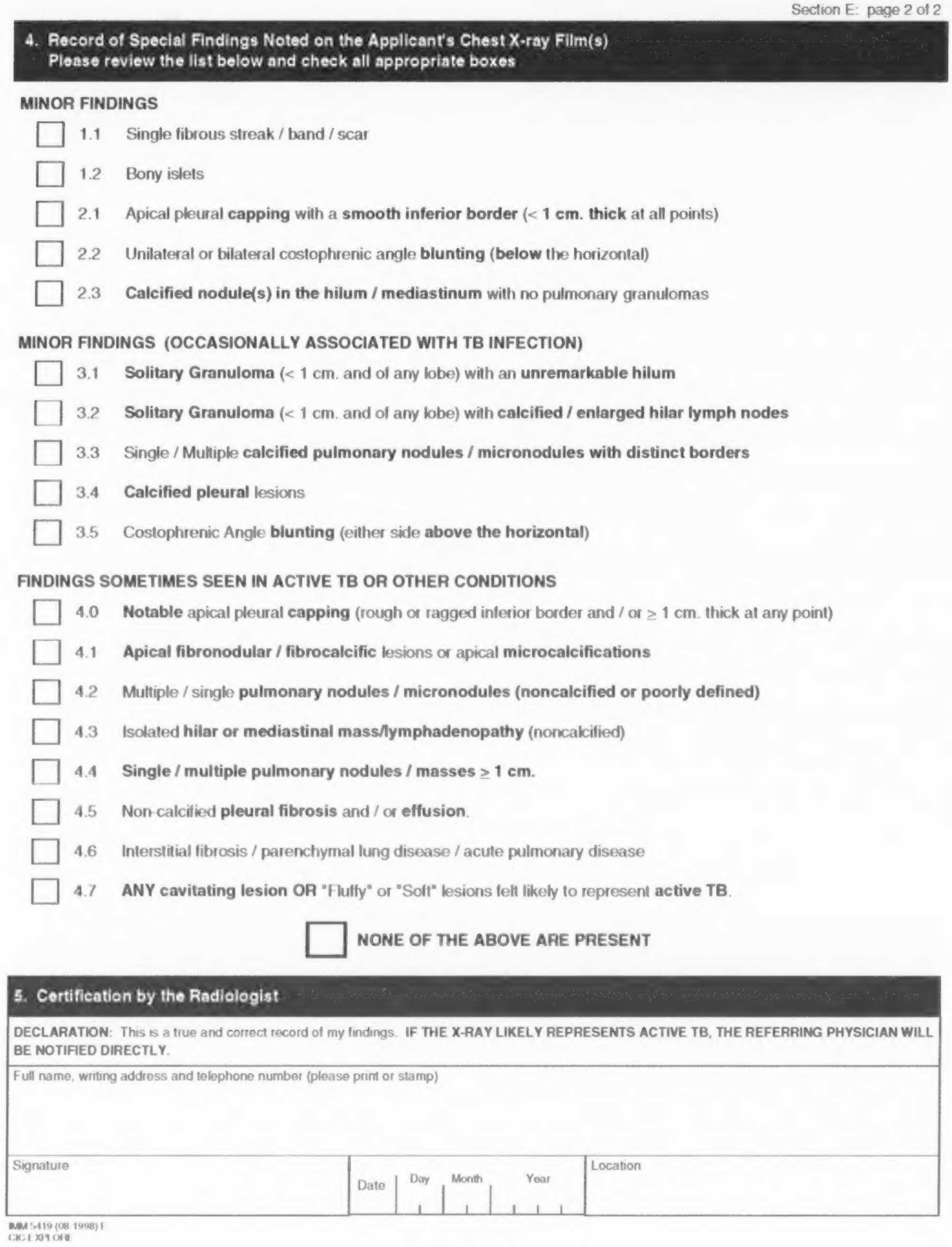
IMM 5419 (08-1998)E
Section E (cont)



Section E: page 2 of 2

4. Record of Special Findings Noted on the Applicant's Chest X-ray Film(s)
Please review the list below and check all appropriate boxes

MINOR FINDINGS

☐ 1.1 Single fibrous streak / band / scar

☐ 1.2 Bony islets

☐ 2.1 Apical pleural **capping** with a **smooth inferior border** (< **1 cm. thick** at all points)

☐ 2.2 Unilateral or bilateral costophrenic angle **blunting** (**below** the horizontal)

☐ 2.3 **Calcified nodule(s) in the hilum / mediastinum** with no pulmonary granulomas

MINOR FINDINGS (OCCASIONALLY ASSOCIATED WITH TB INFECTION)

☐ 3.1 **Solitary Granuloma** (< 1 cm. and of any lobe) with an **unremarkable hilum**

☐ 3.2 **Solitary Granuloma** (< 1 cm. and of any lobe) with **calcified / enlarged hilar lymph nodes**

☐ 3.3 Single / Multiple **calcified pulmonary nodules / micronodules with distinct borders**

☐ 3.4 **Calcified pleural** lesions

☐ 3.5 Costophrenic Angle **blunting** (either side **above the horizontal**)

FINDINGS SOMETIMES SEEN IN ACTIVE TB OR OTHER CONDITIONS

☐ 4.0 **Notable** apical pleural **capping** (rough or ragged inferior border and / or ≥ 1 cm. thick at any point)

☐ 4.1 **Apical fibronodular / fibrocalcific** lesions or apical **microcalcifications**

☐ 4.2 Multiple / single **pulmonary nodules / micronodules (noncalcified or poorly defined)**

☐ 4.3 Isolated **hilar or mediastinal mass/lymphadenopathy** (noncalcified)

☐ 4.4 **Single / multiple pulmonary nodules / masses ≥ 1 cm.**

☐ 4.5 Non-calcified **pleural fibrosis** and / or **effusion**.

☐ 4.6 Interstitial fibrosis / parenchymal lung disease / acute pulmonary disease

☐ 4.7 **ANY cavitating lesion OR** "Fluffy" or "Soft" lesions felt likely to represent **active TB**.

☐ **NONE OF THE ABOVE ARE PRESENT**

5. Certification by the Radiologist

DECLARATION: This is a true and correct record of my findings. **IF THE X-RAY LIKELY REPRESENTS ACTIVE TB, THE REFERRING PHYSICIAN WILL BE NOTIFIED DIRECTLY.**

Full name, writing address and telephone number (please print or stamp)

Signature	Date: Day / Month / Year	Location

IMM 5419 (08-1998) E
CIC EXPLORE

2. IMM 1017 AND IMM 1017 EDE-EFE - SECTION A: CLIENT IDENTIFICATION

2.1 The medical examination of an applicant is usually initiated after a Canadian immigration office has given an applicant an IMM 1017 or an IMM 1017 EDE-EFE with the client information completed.

2.2 The photograph of the applicant attached to the IMM 1017 or IMM 1017 EDE-EFE must match that on the government-issued photo-identity document, such as a passport or national identity card, and the appearance of the person attending for the IME. Discrepancies should be brought to the attention of the regional medical officer.

- When a passport is not available, only an original national identity document incorporating a current photograph, full name, date of birth and signature can be substituted. The national identity card should have been issued within the last 10 years. Only original identity documents should be used.
- Photocopies (certified or not certified) of passport or national identity documents are not acceptable.

Once the applicant's identity is confirmed, the photograph is to be stamped in the right corner by the DMP with the DMP stamp as acknowledgement and confirmation of identification of the applicant.

2.3 The "IMS Serial Number" and the "FOSS Client ID" boxes are normally blank as they are usually not known at the time the IMM 1017 or IMM 1017 EDE-EFE is issued to the applicant.

2.4 It is the responsibility of the DMP to ensure that the person being examined is the person referred to by name on the Medical Reports (IMM 1017 and IMM 5419). Information concerning the person's surname (for married females, include the maiden name in brackets), forename and date of birth, and recent photographs attached to the front of the IMM 1017 and IMM 5419 (Sections D and E) should match the information and photographs in the applicant's identity documents. Should there be doubts or suspicions regarding the identity of an applicant, the examination or investigations and the IME documents should be completed as usual. Details related to these doubts or suspicions must be recorded on the immigration medical examination form and forwarded to the responsible regional medical office as described in Chapter 9 of this handbook.

3. IMM 1017 EFC - SECTION A: CLIENT IDENTIFICATION

3.1 The IMM 1017 EFC is used for certain excessive demand exempt members of the family class whose application is being processed outside Canada. DMPs will have a supply of these forms provided by their responsible regional medical office. These applicants have received an information guide specific to their geographic region which includes Appendix C: Medical Instructions (an example is provided earlier in this handbook).

3.2 The Appendix C: Medical Instructions section of the IMM 1017 EFC used outside Canada will identify the applicant as a member of one of the family classes exempted from the excessive demand determination and to whom the IMM 1017 EFC applies. Appendix C: Medical Instructions contains an identification section that the applicant must complete. An immigration medical examination should be undertaken *only* when the applicant brings a completed Appendix C: Medical Instructions to the DMP's office. These applicants will not be in possession of an IMM 1017 or IMM 1017 EDE-EFE issued by a CIC office.

3.3 The DMP will confirm the applicant's identity using a government-issued photo-identity document such as a passport or national identity card. When a passport is not available, only an original national identity document incorporating a current photograph, full name, date of birth and signature can be substituted. The national identity card should have been issued within the last 10 years.

Photocopies (certified or not certified) of passport or national identity documents are not acceptable.

Should there be doubts or suspicions regarding the identity of an applicant, the examination or investigations and the IME documents should be completed as usual. Details related to these doubts or suspicions must be recorded on the immigration medical examination form and forwarded to the responsible regional medical office as described in Chapter 9 of this handbook.

Following confirmation of the applicant's identity, the DMP will:

- ensure that the applicant indicates or states which member of the exempt family class they are, as specified in Appendix C (sponsored spouse, common-law partner, conjugal partner or dependent child);
- attach photographs of the applicant to both copy 1 and copy 2 of the IMM 1017 EFC and to sections D and E of the IMM 5419, and stamp the top right corner of the photographs using the DMP stamp;

- complete, in full, the required information in the sections "Details of person examined" and "Details of principal applicant" of the IMM 1017 EFC. The information must be identical on each of the two parts of the form (carbonless copy) and on Appendix C: Medical Instructions;
- ensure that the field "the name of medical office to which the IMM 5419 will be sent" is completed, which will help the visa office locate the results if the office changes;
- ensure that the applicant or parent/guardian signs the declaration in section 4 of the IMM 1017 EFC;
- submit copy 1 of the IMM 1017 EFC and the rest of the medical examination documents to the regional medical office. Copy 2 must be returned to the applicant along with Appendix C: Medical Instructions as proof that the medical examination was completed and for return to the applicant's sponsor in Canada.

3.4 It should be noted that the two duplicate copies of the IMM 1017 EFC contain an identical bar code identification number. This number makes each IMM 1017 EFC form unique. CIC will use this unique identification number to match the results of the medical examination to the immigration file. To avoid having the same identification number assigned to two different applicants, these forms must not be reproduced. The forms are printed with a special ink that makes it impossible to photocopy the green background properly. Thus, DMPs must ensure that they have enough of the IMM 1017 EFC forms to meet demand. The regional medical office has a sufficient stock of these forms to supply DMPs with forms on request.

4. IMM 1017 AND IMM 1017 EDE-EFE - SECTION A: PHYSICIAN'S SUMMARY

4.1 After the medical examination of the applicant has been fully completed, the DMP should categorize the applicant's condition and prognosis under one of the four categories described in this section of the form.

4.2 If, in the clinical opinion of the DMP, the applicant's condition does not clearly fit into one of the first three categories (A, B, C) or if there is not yet sufficient information to make this determination, then the fourth category (D) should be used.

5. IMM 1017, IMM 1017 EDE-EFE, AND IMM 1017 EFC - SECTION A: DECLARATION OF EXAMINING PHYSICIAN

5.1 This section must be fully completed, signed and stamped with the DMP stamp. A medical examination report that has not been signed or is not fully completed will be returned to the DMP for completion. This will cause a delay in the IMA.

5.2 It should be understood that the DMP, in signing this declaration, accepts full responsibility for the accuracy of what is entered on the form (except for omissions or errors on the part of the applicant).

5.3 Once the medical examination is fully completed and the declaration signed, the DMP should collate and forward the Medical Report with all required and relevant reports directly to the appropriate regional medical office. The DMP must not allow the completed Medical Report forms (IMM 1017 and IMM 5419) to be reviewed by the applicant or the applicant's agent, nor provide them with copies.

Instructions on how applicants or their representatives may request copies of this information can be found in Chapter 6 of this handbook.

6. IMM 5419 - SECTION B: GENERAL INFORMATION

6.1 Applicants who are excessive demand exempt are identified by, and will bring with them to the DMP office for examination, one of the following forms:

- IMM 1017 EDE-EFE Medical Report
- IMM 1017 EFC (in Canada) Medical Report
- Appendix C: Medical Instructions

6.2 Applicants identified as being excessive demand exempt should not be investigated by the DMP beyond the functional inquiry, the physical/ mental examination, and the required routine laboratory and radiology tests (chest radiograph, serological test for syphilis, serological test for HIV).

- If an excessive demand exempt applicant provides information on a condition that might require significant medical or social services in Canada, either verbally or by providing copies of specialists' reports, this information may be included with the immigration Medical Report, but should neither cause delay nor add additional expense for the applicant.

- If, in the DMP's clinical opinion, conditions so identified are likely to require immediate care following the applicant's arrival in Canada, this information should be noted on the immigration medical report.

6.3 Applicants identified as being excessive demand exempt may require further investigation to determine whether they present a risk to the public health or safety of Canadians. Active tuberculosis and untreated syphilis are examples of medical conditions that present a risk to the public health in Canada. Conditions that pose a threat to public safety in Canada might include:

- certain impulsive sociopathic behaviour disorders
- some aberrant sexual disorders such as pedophilia
- certain paranoid states
- some organic brain syndromes associated with violence or risk of harm to others
- applicants with substance abuse leading to antisocial behaviour such as violence, impaired driving, or other types of hostile, disruptive behaviour

6.4 HIV infection is not of itself considered a significant public health risk for immigration assessment purposes. However, the behaviour of an HIV-infected individual may present a threat to public health and safety if the applicant does not understand the condition and the steps necessary to prevent its spread. This is why post-test counselling is fundamental to the management of HIV-infected individuals. Counselling ensures that the applicant is aware of the condition and can take the measures necessary to prevent or minimize the spread of the virus. Counselling also provides an opportunity for the physician to identify those rare applicants who may actually indicate that their intention is to infect others with HIV. The DMP providing post-test counselling must ensure that the applicant signs the Acknowledgement of HIV Post-Test Counselling.

6.5 For all applicants, whether excessive demand exempt or not, positive responses to questions in Section B should be described in as much detail as possible, including the past and present history of the problem, its treatment and the applicant's stated response to treatment. Positive response(s) in the functional history section may require an entry in the physical examination record contained in Section C of the IMM 5419.

6.6 When significant abnormalities are detected, and the applicant is not excessive demand exempt, the DMP will generally note these abnormalities in the appropriate section, submit the file and wait for instructions from the medical officer. In some cases, on the basis of standing instructions issued by the regional medical officer or noted in this handbook, the DMP may refer the applicant for additional investigations or to an appropriately qualified and reputable specialist without waiting for such a specific request from the medical officer.

Whenever a specialist's report is obtained, as indicated in these guidelines or requested by a medical officer, the report should include:

- complete details of the applicant's current clinical status;
- the history of onset, etiology, treatment, progression and complications of the disease;
- copies of reports of any relevant investigations necessary to determine the etiology, specific diagnosis, stage or remission status of the disease;
- the current treatment plan; and
- the specialist's opinion on the prognosis of the condition and the individual's future treatment and management requirements over the subsequent five to 10 years.

The report and opinion should make no reference to medical admissibility to Canada.

It is the responsibility of the DMP to identify specialists and consultants who are able and willing to provide comprehensive reports of this nature.

6.7 Reports, consultation summaries and medical history documents must be translated into either English or French. The applicant is responsible for translation costs.

7. IMM 5419 - SECTION B: FUNCTIONAL INQUIRY GUIDANCE

All responses on the form should be clearly indicated; for example, "Yes," "No," "Normal" or "Abnormal" should be clearly circled. If nothing of note is found, "Nil" or "NAD" (no abnormality detected) should be indicated in the appropriate space. Answers should not be left blank.

Question 1: OPERATION OR HOSPITAL TREATMENT

When the applicant has had an operation or hospital treatment, the details from the applicant should include the date and reason for the admission and/or the operative procedure performed and pathology reports.

Note: If the applicant is *not* excessive demand exempt, the discharge summary and any pathology report from admissions *for serious illnesses* within the last five years should be included. For all malignant and/or neoplastic diseases treated within the past five years, the relevant operative and pathology reports, with a current specialist's report, should be included.

Question 2: SEIZURES, LOSS OF CONSCIOUSNESS OR EPILEPSY

When there is a history of seizures, loss of consciousness or epilepsy, the details from the applicant should include the type of disorder, the age of onset, any precipitating factors, current drugs taken, and the frequency of attacks, severity and sequelae. The date of the last seizure should be noted.

Question 3: ANXIETY, DEPRESSION OR NERVOUS PROBLEMS

In the case of a positive response to a history of mental illness, which might include depression, psychosis, schizophrenia, eating disorders, or drug and alcohol abuse, the details should include the specific diagnosis with details of the type and duration of treatment, any history of non-compliance with treatment or of relapses, and an assessment of potential for self-harm or harm to others.

The DMP may consider completing an Adult's Global Assessment of Functioning Scale (GAF) - see Appendix VII.

Question 4: CARDIOVASCULAR AND RESPIRATORY DISEASE

If there is a history of hypertension, the details obtained from the applicant should include the date of diagnosis, current treatment and whether or not there is any history of renal, cardiovascular or cerebrovascular disease. A history of peripheral vascular disease, either venous or arterial, should be noted.

If there is a history of ischemic heart disease, the details obtained from the applicant should include the date of diagnosis, current treatment, frequency of angina, and activities that provoke angina.

If there is a history of congestive heart failure, the details obtained from the applicant should include the date of diagnosis, current treatment, current symptoms and dates of admission to hospital.

If there is a history of lung disease, such as pulmonary fibrosis, asthma, COPD or chronic cough, the details obtained from the applicant should include the history of symptoms, current treatment, and current impact of the respiratory disease on occupational and leisure activities.

Question 5: RECURRENT OR CHRONIC JOINT PAIN

With a history of chronic recurrent muscular pain, arthritis or joint pain, the details from the applicant should include the severity of pain at rest and in motion, any functional limitations in activities of daily living, the distance that the applicant is able to walk, and the medications that are used. If there is indication of significant limitations, an Assessment of Activities of Daily Living (Appendix VIII) should be completed.

Question 6: DIGESTION PROBLEMS, STOMACH PAINS, ETC.

Any applicant who gives a positive history should undergo additional questioning to determine cause. Attention should be given to those with chronic, persistent or recurrent symptoms (weight loss or gain, gastrointestinal bleeding, varices, for example).

Question 7: TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASES, ETC.

When there is a past history of tuberculosis, the details from the applicant should include the date of diagnosis, duration and type of treatment. In all applicants, whether excessive demand exempt or not, copies of previous treatment reports, x-rays and other relevant information should be obtained and forwarded with the immigration medical forms, if possible. If the medical history reveals any suggestion of previous tuberculosis, then clinical, bacteriological and radiological examinations will be required to determine the activity of the disease.

Where there is an abnormal chest radiograph but no history of previous active tuberculosis, or there is a history of previous tuberculosis with or without previous adequate treatment, the DMP should generally note the abnormality and send the file in for review by the regional medical office. In most cases the file will be furthered until:

- a minimum of two chest films, taken at a minimum interval of three months, have a stable appearance; and
- three sputum samples taken at least 24 hours apart, examined for acid-fast bacteria (smear), and incubated for six to eight weeks for tubercle bacilli by standard culture methods are negative.

In the absence of secretion bacteriology and culture, serial chest radiographs showing stability of abnormalities compatible with pulmonary tuberculosis for greater than six months may be requested.

All applicants who are diagnosed clinically, radiologically or bacteriologically as having active pulmonary tuberculosis must be treated and rendered “inactive” before entry to Canada.

Question 8: HEPATITIS

When there is a history of hepatitis in those older than 15 years of age, the details from the applicant should include the date and type of hepatitis, if known.

> **Note:** If the applicant is *not* excessive demand exempt, then the results of serum AST and ALT should be provided. If these are abnormal (greater than 1.5 X normal value), then a specialist's report including hepatitis C antibodies and hepatitis B surface antigen should be provided.

Question 9: KIDNEY OR BLADDER DISEASE

When there is a history of significant urinary tract or renal disorder (chronic recurrent infections, chronic pyleonephiritis, glomerulonephritis, polycystic renal disease, chronic renal insufficiency or failure, renal transplantation, urinary tract malignancy), the details from the applicant should include the date of onset, diagnosis, treatment and current status.

> **Note:** If the applicant is *not* excessive demand exempt, a serum creatinine must be performed. If elevated, a repeat serum creatinine, along with a random urine protein to creatinine ratio,[4] must be performed.

Question 10: DIABETES

When there is a history of diabetes, the details from the applicant should include the date of onset, type of treatment, history of complications, and presence or absence of symptoms related to target-organ damage, such as nephropathy, neuropathy, ischemic heart disease, peripheral vascular disease or retinopathy.

> **Note:** If the applicant is not excessive demand exempt, a serum creatinine must be performed.

Question 11: OTHER ILLNESS

When there is a positive response to the question, provide details.

Question 12: MEDICATION OR MEDICAL TREATMENT

When there is a positive response to the question, details including the type of treatment and description of drugs used should be provided. The chemical or pharmaceutical name of the medication should be provided, not the proprietary or generic name.

Question 13: ALCOHOL/DRUG ABUSE OR ADDICTION

When there is a positive history of alcohol and/or drug abuse or addiction, the details should include the history of any social or occupational consequences of the abuse or addiction, any history of detoxification or rehabilitation programs, and the duration of abstinence or if there is current use of alcohol or drugs. See also "Question 17: Medical or Other Treatment" below.

Question 14: HIV OR AIDS

If there is a positive history of HIV or AIDS, include the date of diagnosis and whether the applicant has ever been prescribed or advised to take, or has taken anti-retroviral drugs, and provide an assessment of the applicant's understanding of and compliance with practices necessary to prevent transmission of the disease.

Question 15: PENSION FOR MEDICAL/PSYCHOLOGICAL REASONS

When there is a positive response to the question, provide details.

Question 16: AUTISM, DEVELOPMENTAL DELAY, DEMENTIA, ETC.

If there is a history of autism, mental retardation or developmental delay, and if the applicant is *not* excessive demand exempt, provide a specialist's report from a pediatrician, clinical psychologist or child psychiatrist, as appropriate, to describe:

- specific diagnosis
- developmental history
- psychometric testing, including IQ testing
- assessment of adaptive skills, associated behaviour disorders
- history of special or assisted schooling, vocational training and/or work records
- current and future treatment, support requirements and recommendations for speech therapy, occupational therapy, physical therapy, special education or vocational training (including recommended frequency and duration of interventions)
- current and future need for ongoing supervision or institutional care.

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[4] C.P.Price, R.G. Newall, and J.C. Boyd, "Use of Protein:Creatinine Ratio Measurements on Random Urine Samples for Prediction of Significant Proteinuria: A Systematic Review," Clinical Chemistry 51 (2005): 1577-1586.

If there is a history of senile debility, Alzheimer's disease or dementia, and if the applicant is *not* excessive demand exempt, provide a complete assessment to include:

- duration and rate of progression of symptoms
- diagnostic evaluation
- treatment and management requirements
- activities of daily living form (see Appendix VIII)
- a completed Mini Mental Status Examination questionnaire (see Appendix IX)

If the applicant is illiterate, and is not excessive demand exempt, then describe:

- the applicant's current adaptive life-skills
- the applicant's capacity to communicate orally and through print
- the applicant's counting skills and ability to use money
- etiology of the illiteracy to include whether there is evidence of mental retardation or a learning disability, with results of psychometric tests
- whether vocational training is required
- whether the applicant has any other condition or disability that would prevent or impair the applicant's ability to lead an independent life.

For more information, see:

- Appendix VII - Adult's Global Assessment of Functioning Scale (GAF)
- Appendix VIII - Assessment of Activities of Daily Living
- Appendix IX - The Mini Mental State Examination

Question 17: MEDICAL OR OTHER TREATMENT

When there is a positive response to the question, provide details.

Question 18: PREGNANT

If a female applicant is pregnant, record the date of the last menstrual period as well as the expected date of delivery.

Question 19: PREVIOUS IMMIGRATION MEDICAL EXAMINATION

If there is a history of a previous immigration medical examination, the details from the applicant should include where and when the examination was done.

8. IMM 5419 - SECTION B - DECLARATION AND AUTHORIZATION OF APPLICANT

This declaration must be completed and signed by the applicant, or by the parent or guardian. This section of the form is very important because it authorizes the release of medical information about the client to Citizenship and Immigration Canada, and then allows the Department to release medical information to public health agencies or physicians in Canada. If incomplete, the form will be returned to the DMP for completion.

The applicant also declares that the information provided on the form is correct.

9. IMM 5419 - SECTION C - EXAMINING DOCTOR'S FINDINGS

It is imperative that the physical examination of applicants be conducted in a manner respecting their privacy, dignity and cultural norms. Applicants' decisions and permission should be respected, and examinations done only with their expressed consent.

Where applicants decline to undergo clinically indicated examination(s) by the DMP, referral to a physician, acceptable to the applicant, is necessary to obtain recent reports of such examination(s).

An entry must be registered for all questions. If a part of the medical examination is not undertaken, please enter "Not Performed" and explain the reason.

If the medical history and completion of the form was done with the assistance of a translator, this should be noted. If the translation services were provided by non-professional translators (such as family), this should be noted as well.

EXAMINATION GUIDELINES FOR SECTION C

Field 1 - WEIGHT, HEIGHT, VISION, HEARING

The weight and height of all applicants are required.

> **Note:** Children less than 12 who are not excessive demand exempt, and whose height or weight is below the third percentile, require a pediatric assessment.

The hearing screening test is to measure the ability to hear a softly whispered voice in each ear starting at a distance of six metres or 20 feet with the back turned to the examining physician. The distance at which the applicant can repeat two or more syllables, words or numbers should be recorded.

For hearing-impaired applicants, please clearly assess the communication skills used by the applicant, whether lip reading, signing, reading or writing.

For infants, auditory assessment with a bell or other instrument to assess sound detection bilaterally should be performed.

Field 2 - EAR, NOSE, THROAT, MOUTH, TEETH

A high index of suspicion is necessary to detect malignant tumors of the nose, throat and mouth. Signs such as unilateral nasal obstruction and discharge, leukoplakia, erythroplakia and masses should be noted.

> **Note:** If an abnormality suggestive of neoplasia is detected, and the applicant is *not* excessive demand exempt, a report from an otorhinolaryngologist will likely be required.

Field 3 - ENDOCRINE SYSTEM

Endocrine disorders can cause a variety of signs, such as central obesity, abnormal skin pigmentation, galactorrhea, gynecomastia, hirsutism, acromegaly or thyroid nodules or enlargement, and must be assessed with good clinical judgment. A history of diabetes requires specific comments in the physical examination section to address the presence or absence of complications from the disease.

Field 4 - SKIN, LYMPH NODES AND BREASTS

Fully describe all skin and subcutaneous lesions. The presence of operative scars should be correlated with the applicants' response to their history of operations in question 1, Section B of the IMM 5419. When present, lymph gland enlargement should be fully described and correlated with regional conditions, if possible.

Women must be advised of and must give their consent before breast examination. If consent is not given, indicate on the report "Breast Examination Not Done - Consent Denied." Referral to an appropriate physician, acceptable to the applicant, for a report on breast examination findings should be made and a copy of that report should be forwarded with the IME.

Field 5 - CARDIOVASCULAR SYSTEM

Cardiovascular system examination includes an assessment of blood pressure, cardiac rhythm, location of the apex beat, cardiac auscultation, including heart sounds and/or murmurs, peripheral pulses and any peripheral edema. The blood pressure must be recorded for all persons over the age of 15 years, or where there is a history or sign of cardiovascular disease. If blood pressure is elevated (greater than 140/90 mm/hg), the reading should be repeated after rest.

> **Note:** If the applicant is not excessive demand exempt and a diagnosis of hypertension is confirmed or reported, a serum creatinine must be reported even if the blood pressure is within the normal range at the time of the IME. If this test is abnormal, or the hypertension is not controlled, then an appropriate specialist's report will likely be required to assess hypertension plus target-organ damage.

If the applicant is not excessive demand exempt and there is evidence of significant cardiovascular disease, such as peripheral vascular disease, ischemic heart disease, arrhythmia, congestive heart disease, valvular heart disease, congenital heart disease, or aneurysm, then a full specialist's assessment and report on the condition will likely be required.

Field 6 - RESPIRATORY SYSTEM

If the immigration medical examination reveals or suggests active infectious disease, the DMP should adhere to local public health requirements regarding the notification, referral, diagnosis and management of the disease. On no occasion should routine investigation or management of active or suspected active tuberculosis be deferred or delayed because of immigration medical activities. *Canadian DMPs who are not able to contact an applicant suspected of having active infectious disease should immediately inform the Director of Operations, Health Management Branch* (see contact information in Appendix I).

Field 7 - GASTROINTESTINAL SYSTEM

Examination seldom provides evidence of disease, but it remains essential to identify operative scars, ileostomy or colostomy sites, hepatomegaly or splenomegaly, hernias and any abdominal masses. Pulsatile masses, bruits and venous distension, if present, should be noted.

Field 8 - UROGENITAL SYSTEM

Vaginal examination, together with a Papanicolaou smear, should be undertaken only if clinically indicated, such as by the presence of pelvic masses noted on abdominal examination, or dysfunctional uterine bleeding. At the applicant's request, this examination may be undertaken by the applicant's own physician or gynecologist, who should provide a written report. That report is to be included and forwarded to the regional medical office with the IME.

Rectal examination is required for male applicants more than 50 years old. At the applicant's request, this examination may be undertaken by the applicant's own physician or proctologist, who should provide a written report. That report is to be included and forwarded to the regional medical office with the IME.

Field 9 - LOCOMOTOR SYSTEM/PHYSICAL BUILD

Appropriate clothing must be removed sufficient to reveal the habitus and physical characteristics of the applicant. The presence of conditions or deformities that restrict or limit activity or employment must be noted. Musculoskeletal disease and previous joint or orthopedic surgery must be noted.

Limitations or difficulties with activities of daily living such as bathing, dressing, walking, climbing stairs or getting into automobiles due to musculoskeletal conditions must be documented.

> **Note:** For disabled applicants and those with clinical indications of limited mobility, an assessment of mobility and self-care capacity is essential.

If the applicant is *not* excessive demand exempt, and a significant locomotor problem is identified, provide appropriate radiographs, a completed activities of daily living form (see Appendix VIII), and a complete report from an orthopedic surgeon or rheumatologist to include disease stability or progression, current and proposed medication, and expected requirements for surgery, assistive devices and physical therapy.

Field 10 - INDICATION OF ANY SUBSTANCE ABUSE

Substance abuse is a serious problem with the potential for danger to public safety as well as significant demand on health and social services. The CAGE questionnaire is a useful tool for screening individuals at increased risk for alcohol abuse. It asks four questions:

- Have you ever felt that you should **C**ut down on your drinking?
- Have people ever **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about drinking?
- Have you ever taken a drink first thing in the morning (**E**ye-opener) to steady your nerves or get rid of a hangover?

If applicants answer "yes" to two or more of these questions, or if addiction is suspected, then a detailed assessment of their substance-related abuse or dependence status is necessary. This specialist's assessment report must include the clinical history, assessment for end-organ changes on physical, cognitive and laboratory examination, reports from relevant investigations, the diagnosis including the Axis V Global Assessment of Functioning score, history of abstinence and an opinion on prognosis.

Field 11 - NERVOUS SYSTEM

Applicants should be assessed for the presence and symmetry of sensory, motor and cognitive functions.

Absent or asymmetrical reflexes should be noted, as should paralysis, muscle wasting, tremor or other movement disorder.

Higher nervous system functions should be assessed by noting whether the applicant has been unable to attain levels of personal independence and social responsibility expected of persons of equivalent age in their cultural setting. In school-age children, questions on school performance can help to raise a flag for possible learning disorders, behaviour disorders, developmental delay or mental retardation.

Evidence of developmental delay or mental retardation in pre-school children can be sought through office observation combined with reports from the child's parent or caregiver. A chart of early childhood development, included as Appendix X, provides a simple guide to some of the milestones.

If there is evidence of a memory deficit sufficient to interfere with normal activities, a Mini-Mental State Examination, included as Appendix IX, should be done to screen adults for dementia.

> **Note:** If the applicant is not excessive demand exempt and there is evidence of a significant neurologic disorder, then a full specialist's assessment will likely be required.

If the applicant is not excessive demand exempt and there is evidence of autism, developmental delay, a learning disorder, mental retardation or dementia, then a specialist's assessment and report (as outlined previously in Section 7, question 16) will be required.

Field 12 - PHYSICAL OR MENTAL CONDITION

If there is evidence on examination of a significant personality disorder, mental illness or substance abuse, a specialist's report will likely be required.

> **Note:** If applicants are not excessive demand exempt and there is evidence of a physical disability, not otherwise reported, that would affect their ability to earn a living, to take care of themselves, or to adapt

to a new environment, then an appropriate specialist's report will likely be required.

Field 13 - PERSONAL/FAMILY HISTORY RELATING TO SERIOUS CHRONIC DISEASE

Seek information on personal or family history of conditions that might reasonably lead to a future requirement for extensive treatment, organ transplantation or dialysis, such as a family history of polycystic kidney disease, congenital blood disorders such as Thallasemia, cystic fibrosis or congenital malignancy (i.e., polyposis coli).

Field 14 - PAST HISTORY OF CANCER

Provide details of findings if the malignancy occurred within the preceding five years.

Field 15 - ALCOHOL USAGE AND RELATED PROBLEMS

Provide details.

Field 16 - CLOSE CONTACT WITH TUBERCULOSIS

Provide details.

SUMMARIZE ABNORMALITIES, PROVIDE PROGNOSIS AND DECLARATION OF DMP

These sections must be completed and the DMP stamp applied.

10. IMM 5419 - SECTION D - LABORATORY REQUISITION

The Applicant's Declaration must be signed by the applicant, or by a parent or guardian for those under legal age in the jurisdiction in which the examination is performed, or those incapacitated or unable to provide a declaration.

A photograph of the applicant must be attached to the form, and confirmation of identification must be given by stamping the upper right corner of the photograph with the DMP stamp. This allows the person collecting the blood or laboratory specimen to confirm that the sample was collected from the applicant to prevent fraudulent substitution.

It is the responsibility of the DMP to select a certified, licensed and reliable laboratory service. If the laboratory specimens are not taken at the DMP's office, the DMP must ensure that the laboratory uses procedures to ensure the identity of the person sent for investigation as the applicant, takes and confirms that the sample was collected from the identified individual, and then returns the completed form, with results, directly to the DMP.

10.1 A urinanalysis is required of all applicants five years of age and older. Female applicants should not be menstruating.

If the applicant is *not* excessive demand exempt, and there is persistent proteinuria greater than "trace" on two urine specimens taken on separate days, serum creatinine and a random urine protein to creatinine ratio are required.

10.2 Syphilis serology is required of all applicants 15 years and older. A positive non-treponemal test, such as a VDRL, must be confirmed with a treponemal-specific test, such as an FTA-ABS. If the specific treponemal screening test for syphilis is unavailable or positive, then treatment in accordance with Canadian STD guidelines is required and must be documented on the medical exam form. Excerpts on syphilis testing and treatment from the *Canadian Guidelines on Sexually Transmitted Infections*, 2006 Edition, are included as Appendix XI.

10.3 Serum creatinine is required if the applicant is not excessive demand exempt and there is a history or finding of hypertension, diabetes, autoimmune disorder, persistent proteinuria or kidney disorder.

10.4 HIV testing is required for applicants 15 years of age and older, children who have received blood or blood products, or have a known HIV-positive mother, or where a risk factor is identified. This should be noted in IMM 5419, Section C, Summary/Prognosis.

It is considered the standard of medical practice and an obligation that a DMP counsel individuals having an HIV test both before and after the results are available. More information is available in Appendix III, including a section on HIV serology interpretation. See also Appendix IV - HIV Pre-Test Counselling, and Appendix V - HIV Post-Test Counselling, which provide an overview of issues and actions to be considered.

An ELISA test for HIV 1 and HIV 2 should be done initially. If positive, another ELISA test on the same blood sample should be performed. If the two ELISA tests are positive, these results must be confirmed with a test like the Western Blot. If the Western Blot is not available, confirmation is done with a third ELISA test by a different manufacturer.

HIV-positive applicants should have a chest x-ray done whatever their age.

Concern regarding risks to public health or safety will continue to be most important in assessing a migrant's admissibility to Canada. HIV is not readily transmitted and is usually not considered a significant public health risk to the general public in Canada. However, those individuals with HIV who would refuse to practice safe sex, actively conceal from their partners that they are infected, and purposely seek to infect others may be considered a risk to public health and public safety. In reporting the results of HIV-positive individuals, it is very important that you provide your opinion regarding the applicant's understanding of risk-reduction strategies and to report (Section C, Summary/Prognosis) those applicants whose behaviour may present a danger to others.

For applicants who are HIV-positive and either a spouse, a common-law partner or a conjugal partner of a Canadian sponsor, post-test counselling must include a recommendation that the applicants inform their partner of their HIV status.

After completing post-test counselling, the DMP will then ask the applicant to sign the CIC form Acknowledgement of HIV Post-Test Counselling (see Appendix VI) and include this form with the Medical Report forms sent to the regional medical office.

11. IMM 5419 - SECTION E - CHEST X-RAY REPORT

It is the responsibility of the DMP to select a certified, licensed and reliable radiological facility.

The Applicant's Declaration must be signed by the applicant, or by the parent or guardian.

A photograph of the applicant must be attached to the form, and confirmation of identification given by stamping the upper right corner of the photograph with the DMP stamp. This allows the radiographer to confirm that the chest x-ray taken is that of the intended applicant. The radiographer must certify that the x-ray was of the person whose photograph and signature are on the form.

A routine (PA) chest x-ray is required for all applicants aged 11 years or older. A chest x-ray is also required for children under 11 years of age if they have a personal history of tuberculosis, a history of close contact with a case of active tuberculosis, or are HIV-positive.

A chest x-ray is required for children under 11 years of age with congenital or acquired heart disease or serious lung disease, only if they are *not* excessive demand exempt.

A woman of reproductive age should be asked the date of her last menstrual period to assess whether or not she is pregnant. Should the possibility of pregnancy exist, and after appropriate counselling, the applicant should determine whether she wishes to undergo chest x-ray examination or to defer it. The decision is totally the applicant's and no recommendation should be made by the DMP.

If the applicant declines to undergo a chest x-ray on account of the pregnancy, then a chest x-ray should be obtained and submitted after delivery, even though this will delay the IMA process. If the applicant elects to undergo an x-ray examination, abdominal shielding must be used.

A radiologist must assess the chest x-ray for both general radiologic findings and specific findings related to tuberculosis. The radiologist must complete subsections 3, 4 and 5 of the Chest X-ray Report, providing amplifying comments when indicated. DMPs and radiologists should understand that for Canadian immigration purposes, lesions which could represent inactive tuberculosis are of particular interest, even if they are of minimal current clinical relevance.

Appendix III:
HIV Testing

HIV Serology Interpretation

HIV antibody test results are reported as reactive, non-reactive or indeterminate.

Confirmed repeatedly reactive results:

- indicate the presence of HIV antibodies resulting from HIV infection or passive transmission from mother to infant;
- a person who tests as antibody-positive twice on the same sample should be re-tested using a second sample.

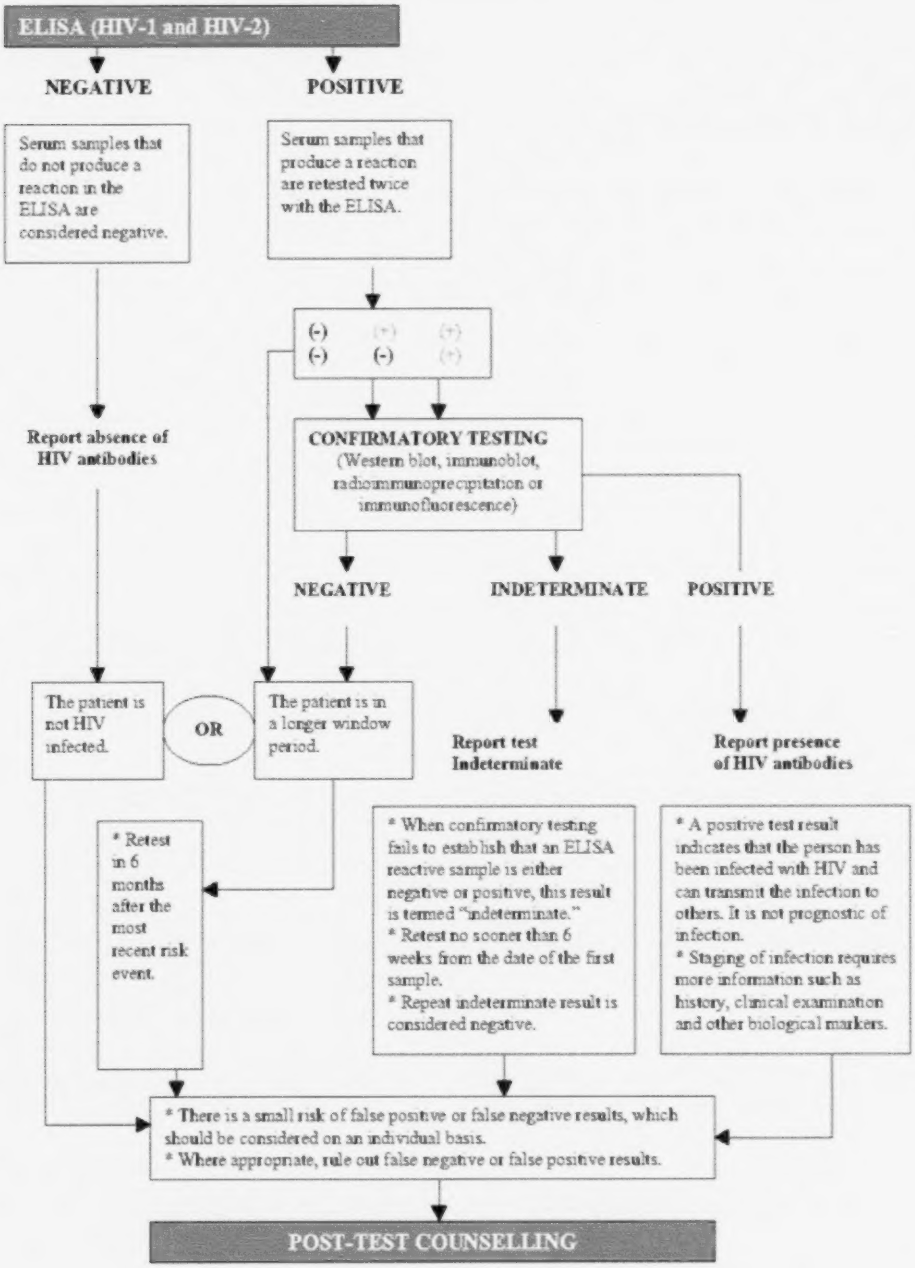
Non-reactive results:

- indicate the absence of HIV antibodies;
- a person in the "window" period (between the initial infection and the detection of antibodies) may test antibody-negative.

Indeterminate results:

- indicate that the screen test is repeatedly reactive but the confirmatory test yields results that are neither positive nor negative;
- a person with indeterminate results should be re-tested after a three- to six-month interval.

Interpretation of HIV Testing[a]


ELISA (HIV-1 and HIV-2)
NEGATIVE
POSITIVE
Serum samples that do not produce a reaction in the ELISA are considered negative.
Serum samples that produce a reaction are retested twice with the ELISA.
(-) (+) (+)
(-) (-) (+)
Report absence of HIV antibodies
CONFIRMATORY TESTING (Western blot, immunoblot, radioimmunoprecipitation or immunofluorescence)
NEGATIVE
INDETERMINATE
POSITIVE
The patient is not HIV infected.
OR
The patient is in a longer window period.
Report test Indeterminate
Report presence of HIV antibodies
* Retest in 6 months after the most recent risk event.
* When confirmatory testing fails to establish that an ELISA reactive sample is either negative or positive, this result is termed "indeterminate." * Retest no sooner than 6 weeks from the date of the first sample. * Repeat indeterminate result is considered negative.
* A positive test result indicates that the person has been infected with HIV and can transmit the infection to others. It is not prognostic of infection. * Staging of infection requires more information such as history, clinical examination and other biological markers.
* There is a small risk of false positive or false negative results, which should be considered on an individual basis. * Where appropriate, rule out false negative or false positive results.
POST-TEST COUNSELLING

a. Excerpted from *Counselling Guidelines for HIV Testing* with permission of the Canadian Medical Association.

b. ELISA (Enzyme Linked ImmunoSorbent Assay is now more commonly referred to as EIA Enzyme Immuno Assay).

Appendix IV:
HIV Pre-test Counselling

Pre-test Counselling Discussion for HIV Infection

Counselling will have to be age appropriate and individualized to the patient being tested.

Clarify:

- confidentiality of HIV testing and counselling;
- testing options available (i.e., nominal, non-nominal, anonymous);
- the test is for antibodies to HIV, not a test for AIDS;
- the majority of persons produce detectable antibodies within three months;
- a non-reactive or negative test may mean
  - no infection, or
  - it is too soon to detect antibodies;
- a positive test means
  - infection with HIV
  - person is infectious to others through unprotected sexual contact, blood or breast milk;
- an indeterminate result means another test needs to be performed;
- HIV is not casually transmitted through sweat, saliva or tears.

Transmission risks are:

- direct blood-to-blood contact;
- sharing needles or syringes;
- sexual contact: anal sex (very high risk); vaginal sex (high risk); oral sex (low risk);
- infected mother to child during pregnancy, at birth or via breast milk;
- recipient of blood or blood products in Canada before November 1985 (elsewhere risk will vary depending on testing of donated blood).

Discuss:

- specific risks, sexual and otherwise;
- if pregnant: discuss availability of therapy to decrease the risk of mother-to-child transmission (decreased by 80%);
- whether future testing will be necessary;
- risk reduction behaviours:
  - consistent use of latex condoms
  - avoidance of casual, anonymous or unprotected sex;
  - no sharing of needles, syringes or injection drug-use equipment.

Explore:

- psychological implications of testing:
  - coping mechanisms for either result; support systems available (personal, community, medical) should be known.

Explain:

- the need to return for test result and schedule the post-test counselling visit
  - obtain agreement for follow-up if patient fails to return;
- post-test counselling procedure;
- partner notification and reporting requirements for HIV infection (depends on jurisdiction and availability of anonymous testing).

Appendix V:
HIV Post-Test Counselling

Post-test Counselling for HIV Infection

Counselling should be age appropriate and individualized to the patient being tested.

Non-reactive or negative results:

- Discuss and interpret the following issues for the applicant:
    - no infection, or
    - risks within the past three months dictate re-testing is necessary three months after last possible exposure.
- Use the opportunity to reinforce risk reduction strategies:
    - avoid high-risk activities
    - avoid needle and syringe sharing
    - use lubricated latex condoms with safer sex practices.

Reactive or positive results:

- Discuss and interpret the following issues for the applicant:
    - infected with HIV, not diagnostic of AIDS
    - explain that confirmation tests to rule out false positives have been performed.
- Matters of first priority:
    - deal with the issues important to the infected person
    - discuss coping and support systems
    - discuss benefits of early treatment and follow-up. Further medical support, immune testing, HIV viral load testing, and counselling are required.

- Other issues to deal with soon:
  - partner notification (by self or public health services)
  - infectivity (reinforce mechanisms of transmission, high- and low-risk behaviours)
  - specific guidance for HIV-transmission avoidance:
    - protection of others from blood, body fluids, sexual secretions
    - avoid donating blood, organs, tissue, sperm, breast milk
    - inform family physician and consider informing other health-care providers (e.g., dentist).
  - For newly diagnosed HIV infection, DMPs should offer to arrange referral to appropriate local providers for recommended care and follow-up according to local guidelines and standards.
  - DMPs should discuss issues of confidentiality regarding immigration medical information. If mandatory notification of local public health authorities is required, the applicants should be advised.
  - HIV-positive applicants admitted to Canada will receive information from the visa or immigration office containing contact information and telephone numbers for public health and HIV services in their province of destination.

Appendix VI:

Acknowledgment of HIV Post-test Counselling

This is to acknowledge that I received HIV post-test counselling from (name of counsellor) on several topics related to my HIV-positive condition, including an explanation of the test results, risk-reduction strategies such as partner notification, and a discussion on follow-up and care.

______________________	______________________
Applicant's Signature	Counsellor's Signature
______________________	______________________
Printed Name of Applicant	Printed Name
______________________	______________________
File Number	

Signed at ______________________ this ___ day of __________ 200__.

DMP ____

Affix DMP Stamp

Appendix VII:

Adult's Global Assessment of Functioning Scale

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health or illness. Do not include impairment in functioning due to physical (or environmental) limitations. Use intermediate codes when appropriate, such as 45, 68, 72.

Rating on the Global Assessment of Functioning (GAF) Scale should be made for two time periods:

- Current - the level of functioning at the time of the evaluation
- Past year - the highest level of functioning for at least a few months during the past year

90	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
70	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).

50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (no friends, unable to keep a job).

40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed individual avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

30 Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (stays in bed all day; no job, no friends).

20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information.

Appendix VIII:
Assessment of Activities of Daily Living

Applicant Name:			**File No.:**	
	Note performance without help		**Note degree of assistance**	
	With ease, no devices, no prior preparation	**With difficulty, or with device or prior preparation**	**Some help**	**Totally dependent**
Feed/Drink				
Dress Upper body				
Dress Lower Body				
Don Brace/Prosthesis				
Wash/Bathe				
Perineum (at toilet)				
Sphincter Control	**Note control without help**		**Note frequency of accidents**	
	Complete, voluntary	**Control, but with urgency, or use of cath, appl, supp.**	**Occasional, some help needed**	**Frequent or much wet/ soil**
Bladder Control				
Bowel Control				
Mobility/Locomotion	**With ease, no devices, no prior preparation**	**With difficulty, or with device or prior preparation**	**Some help**	**Totally dependent**
Transfer Bed				
Transfer Chair/Wheelchair				
Transfer Toilet				
Transfer Tub/Shower				
Transfer Automobile				
Walk 50 yards - Level				
Stairs, Up/Down 1 floor				
Walk Outdoors - 50 yards				
Wheelchair - 50 yards				

N.B. In the context of the functional assessment, devices include such things as feeding cuffs, special cutlery/dishes, dressing aides, transfer boards/poles.

Communication	**Full**	**Moderate**	**Minimal**	**Null**
Comprehension				
Expression				
Social Cognition				
Social Interaction				
Memory				
Conclusion	**Intact**	**Limited**	**Helper**	**Null**
Self-Care				
Current residence				
Own home	Relative's home	Personal care home	Hospital	Other (specify)

Time at above: __________ years ________ months

____
Current Caregiver

____
Designation

____
Signature of Examining Physician

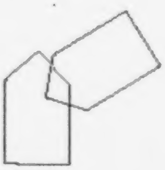
Date:
____
Day/Month /Year

(99-11-25)

Appendix IX:

The Mini Mental State Examination

Patient's name: ______________________	**Date of visit** ______________________	
Orientation	**Score**	**Maximum score**
What is the year? What is the season? What is the date? What is the day? What is the month? Where are we?	______ ______ ______ ______ ______ ______	5 (1 for each)
Province Country Town Hospital/Building Floor/Office	______ ______ ______ ______ ______	5 (1 for each)
Registration		
Examiner: Name 3 objects. 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until the patient learns all 3. Counttrials and record. Trials ______	______	3
Attention and calculation		
Serial 7s. 1 point for each correct. Stop after 5 answers. 100___93___86___79___72___65___ Alternatively, spell "world" backwards. DLROW	______	5
Recall		
Ask for the 3 objects above. Give 1 point for each correct.	______	3

Language		
Name a pencil and a watch (2 points)	______	9
Repeat the following: "No ifs, ands or buts." (1 point)	______	
Follow a three-stage command: "Take a paper in your right hand, fold it in half and put it on the floor." (3 points)	______	
Repeat and obey the following:		
Close your eyes (1 point)	______	
Write a sentence (1 point)	______	
Copy the design (1 point)	______	
	**Total score** ______ /30	
Interpretation		
26-30: "Normal" cognitive function 20-25: Mild to moderate cognitive impairment Less than 20: Moderate to severe cognitive treatment		
Name and address of examining physician: ______		
Signature: ______	Date: ______	

99-11-24

It is important to establish a rapport and ensure the patient is comfortable before administering the test.

ORIENTATION – Each question can be repeated a maximum of three times, and patients are allowed 10 seconds for each reply. Only exact answers are acceptable for all questions except for those on the date, month and season. A point can be scored for a response indicating the previous or following date, and during the transition period of seasons, either season is acceptable. On the first or last day of a month, a response of either month should be scored correct.

REGISTRATION – Patients are asked to repeat the names of three objects. A point is given for each correct reply on the first attempt. If all three words are not repeated, the examiner may repeat these until they are learned, to a maximum of six times. Tell patients that they must try to remember these objects because they will be asked to repeat them.

ATTENTION CONCENTRATION – The examiner can choose to ask patients to perform one of two tasks: either to serially subtract 7s starting at 100, or to spell a five-letter word like "world" backwards. If the patient fails the test, the alternative cannot then be offered. For spelling "world" backwards, the score awarded is for the number of letters given in the correct order.

RECALL – Patients are told to repeat the three objects that they were previously asked to remember.

LANGUAGE – Patients are shown a wristwatch and a pencil, and asked to name these objects. The repetition of a phrase like "No ifs, ands or buts" must be exact to be scored. Patients are shown the command "close your eyes" written in large letters and asked to do what it says. Patients may be reminded to do what it says. For the three-stage command, give the command as a single exercise and not as three sequential one-step commands. Patients are allowed 30 seconds to complete the task and awarded one point for each completed element.

CONSTRUCTIONAL ABILITY – A point is scored when the drawing consists of two five-sided figures whose overlap forms a four-sided figure.

No comments should be made during this exam on the accuracy of answers given and no non-verbal clues should be displayed.

Appendix X:

Chart of Early Childhood Development

1-2 Months of Age

Activities to be observed on exam		**Activities related by parents or caregiver**	
Holds head erect and lifts head		Recognizes parents	
Regards faces and follows objects through visual field		Engages in vocalizations	
Becomes alert in response to voice		Smiles spontaneously	

3-5 Months of Age

Activities to be observed on exam		**Activities related by parents or caregiver**	
Grasps cube – first ulnar then later thumb opposition		Laughs	
Reaches for and brings objects to mouth		Anticipates food on sight	
Plays at making sounds		Turns from back to side	
Sits with support			

6-8 Months of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Sits alone for a short period		Rolls from back to stomach	
Reaches with one hand		Is inhibited by the word "no"	
First scoops up a small object then grasps it using thumb opposition			
Imitates "bye-bye" and babbles			
Passes object from hand to hand in midline			

9-11 Months of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Stands holding on		Walks by supporting self on furniture	
Imitates pat-a-cake and peek-a-boo		Follows one-step commands, e.g., "Come here" or "Give it to me."	
Uses thumb and index finger to pick up small object			

1 Year of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Walks independently		Points to desired object	
Says "mama" and "dada" with meaning		Says 1 or 2 words	
Can use a neat pincer grasp to pick up a small object			
Releases cube into cup after demonstration			
Gives toy on request			

18 Months of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Builds tower of 3-4 cubes		Walks up and down stairs	
Throws ball		Says 4-20 words	
Scribbles spontaneously		Understands a two-step command	
Seats self in chair		Carries and hugs doll	
Dumps small objects from bottle		Feeds self	

24 Months of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Speaks short phrases, 2 words or more		Verbalizes toilet needs	
Builds tower of 6-7 cubes		Turns pages of book singly	
Points to named objects or pictures		Plays with domestic mimicry	
Stands on either foot alone and jumps off floor with both feet		Pulls on simple garment	

30 Months of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Walks backward and begins to hop on one foot		Helps put things away	
Holds crayon in fist, copies a crude circle		Puts on clothing	
Points to objects described by use		Carries on a conversation	
Refers to self as “I”			

3 Years of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Holds crayon with fingers, copies circle		Dresses with supervision	
Builds tower of 8 cubes and imitates 3-cube bridge			
Gives first and last name			

3-4 Years of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Climbs stairs with alternating feet		Feeds self at mealtime	
Begins to button and unbutton		Takes off shoes and jacket	
Responds to command to place toy in, on or under table			
Knows own sex			
Gives full name			

4-5 Years of Age

Activities to be observed on exam		Activities related by parents or caregiver	
Runs and turns without losing balance		Self-care at toilet	
May stand on one leg for at least 10 seconds		Dresses self except for tying shoes	
Buttons clothes			
Knows the days of the week			

Appendix XI:
Laboratory Diagnosis of Syphilis

Appendix XI is excerpted from *Canadian Guidelines on Sexually Transmitted Infections*, 2006 Edition, which is available in full online at www.phac-aspc.gc.ca/std-mts/sti_2006/sti_intro2006_e.html.

Serology

Serological diagnosis involves the initial screening of sera by non-treponemal tests such as the Venereal Disease Research Laboratory (VDRL), rapid plasma reagin (RPR), toluidine red unheated serum test (TRUST) or reagin screening test (RST). These tests normally become positive one to four weeks after the appearance of a primary chancre, approximately six weeks after infection.

Sera positive in non-treponemal tests are retested by treponemal assays such as the *Treponema pallidum* particle agglutination (TP-PA) test, flourescent treponemal antibody absorption (FTA-ABS) test and microhemagglutination for *Treponema pallidum* (MHA-TP).

Treponemal tests (for example, FTA-ABS, MHA-TP and EIA) usually remain reactive for life regardless of treatment, although 15-25% will serorevert if the patient is treated during the primary stage. These tests are highly sensitive, and possible false-positive syphilis tests should be kept in mind in individuals from areas of the world where pinta, yaws and bejel are prevalent.

The introduction of treponemal tests for IgG/IgM antibodies, such as the treponemal enzyme immunosassay (EIA), may provide a more sensitive screening test for syphilis. Although EIA is highly sensitive, the test can lack specificity. Therefore, if the treponemal-specific ELISA is positive, confirmation by a second treponemal-specific test is required (for example, TP-PA, MHA-TP, FTA-ABS).

Guide to interpretation of serologic tests for syphilis (R=Reactive; NR=Nonreactive)

Test results on blood or serum			Most likely condition
Non-treponemal test: RPR/VDRL	**Treponemal test: TP-PA**	**Treponemal test: FTA-ABS**	
NR	NR	R	Primary syphilis with compatible history/ clinical findings
R (dilutions can vary)	R	R	Infectious syphilis (primary, secondary, early latent), especially if titre >1:8 OR Old treated syphilis (especially if titre <1:8) OR Follow-up of treated syphilis OR In persons from endemic countries, yaws (e.g., Caribbean), pinta (e.g., Central America) or bejel
NR	R	R	Usually treated syphilis OR Early infection (early primary syphilis) OR Late latent syphilis OR In persons from endemic countries, yaws (e.g., Caribbean), pinta (e.g., Central America) or bejel OR Lyme Disease
R	NR	NR	Biological false positive (repeat in 3-4 weeks)

Treatment

Stage	Preferred treatment	Alternative treatment for penicillin-allergic patients
All **non-pregnant adults** • Primary • Secondary • Early latent (<1 year duration)	Benzathine penicillin G 2.4 million units IM as a single dose	• Doxycycline 100 mg PO bid for 14 days
All **non-pregnant** adults • Late latent syphilis • Latent syphilis of unknown duration • Cardiovascular syphilis and other tertiary syphilis not involving the central nervous system	Benzathine penicillin G 2.4 million units IM weekly for 3 doses	• Consider penicillin desensitization • Doxycycline 100 mg PO bid for 28 days
All adults *Neurosyphilis*	Penicillin G 3-4 million units IV q 4 h (16-24 million units/day) for 10-14 days	• Strongly consider penicillin desensitization followed by treatment with penicillin • Ceftriaxone 2 g IV/IM qd x 10-14 days
Epidemiological treatment of sexual contacts in the preceding 90 days to primary, secondary and early latent syphilis	Benzathine penicillin G 2.4 million units IM as a single dose	
Pregnant women • Primary • Secondary • Early latent (<1 year duration)	Benzathine penicillin G 2.4 million units IM weekly for 3 doses	• There is no satisfactory alternative to penicillin for the treatment of syphilis in pregnancy • Strongly consider penicillin desensitization followed by treatment with penicillin
Pregnant women • Late latent syphilis • Latent syphilis of unknown duration • Cardiovascular syphilis and other tertiary syphilis not involving the central nervous system	Benzathine penicillin G 2.4 million units IM weekly for 3 doses	• There is no satisfactory alternative to penicillin for the treatment of syphilis in pregnancy • Strongly consider penicillin desensitization followed by treatment with penicillin

Notes: Occasionally, there is inappropriate use of short-acting benzylpenicillin (Penicillin G) (IM) for the treatment of infectious syphilis rather than long-acting benzathine penicillin G (Bicillin-LA). DMPs should be aware of the similar names of these two products to prevent and avoid inappropriate and inadequate treatment. Long-acting benzathine penicillin achieves detectable serum levels of penicillin for two to four weeks in non-pregnant adults and is required to treat infectious syphilis adequately; short-acting penicillin agents are not adequate for achieving cure.

Special Considerations

HIV infection

Persons co-infected with HIV and syphilis may require a longer course of treatment, as well as closer and longer follow-up.

Pregnancy

All women newly diagnosed with syphilis during pregnancy should receive treatment appropriate to their stage of disease, with the exception of secondary syphilis in late pregnancy, where despite the administration of the recommended penicillin regimen, as many as 14% will have a fetal death or deliver infants with clinical evidence of congenital syphilis.

Retreatment during pregnancy is not necessary unless there is clinical or serologic evidence of new infection (four-fold rise in a non-treponemal test titre), or history of recent sexual contact with early syphilis.

Appendix XII:
Consent to Share Information with Australian, and U.S. Immigration Health Authorities

**Consent to
Share Information with Australian [ ] and U.S. [ ]
Immigration Health Authorities**
(indicate one or both with an "×")

Citizenship and Immigration Canada undertakes regular monitoring and evaluation of immigration medical examination (IME) processing to ensure the integrity of the Canadian immigration medical program. As described in the *Handbook for Designated Medical Practitioners*, monitoring and evaluation can consist of on-site visits and inspections or review of the documentary aspects of practitioners' IME activities. Similar procedures are used by Australia and the United States to monitor and evaluate their respective IME procedures and programs.

In some locations, practitioners who perform Canadian IMEs also perform similar functions for Australia and the United States. Assessment and evaluation visits and activities undertaken by these nations are often similar in nature. As a consequence, information and observations acquired during monitoring and evaluation activities by one nation's immigration medical program may be of interest and importance to other nations for which the practitioner is providing service. They may, depending upon the situation, fulfil the monitoring and evaluation requirements of other immigration programs.

In situations where a practitioner performing Canadian IMEs is also a panel physician for Australia and/or the United States, monitoring and evaluation information related to the performance of the immigration medical program may be shared with immigration health officials at the U.S. Centers for Disease Control and Prevention (CDC) and/or the Department of Immigration and

Citizenship of Australia (DICA). The sharing of information gathered during monitoring and evaluation by one nation may preclude the need for a separate visit by another nation's immigration health service.

The information to be shared will be limited to the practitioner's administrative and operational activities related to IMEs, and will not include or make reference to personal information associated with the IME documents or information about individual applicants.

I understand that administrative, technical and processing information gathered during CIC immigration medical examination, evaluation, audit and assessment visits related to my performance as a practitioner performing Canadian immigration medical examinations may be shared with immigration health officials from DICA or CDC. This information may include analysis of my adherence to technical standards and the capacity and quality of clinical, laboratory and investigative services related to IMEs performed by me or by those under my supervision and control.

I understand that this information will not include the individual or personal information of the clients examined and will not include information recorded on individual immigration medical examination forms.

DATE

_______________ (Print Name)

_____ YYY _____ MM _____ DD

_______________ (Signature)

_______________ (Stamp #)

_______________ (Address)

____

Appendix XIII:

Application for Appointment as a Designated Medical Practitioner

Designated Medical Practitioner Application Form

About You

Surname: ____

Given Name: ____

General Practitioner ( )	Medical Specialist ( )	Specify: ____________________
Single Practice ( )	Group Practice ( )	____________________

Medical Registration Number: ______________________

School of Medicine: ____________________________

I am in unconditional good standing with my medical licensing body	Yes ( )	No ( )
Have you been the subject of any disciplinary actions in the last year?	Yes ( )	No ( )
Do you have professional indemnity insurance?	Yes ( )	No ( )

(Please provide copies of licensing body and insurance)

Language Proficiency

** See Language Proficiency Definitions Page for Elaboration on Levels at the end of this form*

Level	None	Some	Good	Fluent
English				
Reading	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Oral	☐	☐	☐	☐

Level	None	Some	Good	Fluent
French				
Reading	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Oral	☐	☐	☐	☐
Other				
Reading	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Oral	☐	☐	☐	☐

About Your Practice

What is your current patient caseload per week?

Address: ______________________________

____

Telephone: ________________________ Fax: ___________________

E-mail: ________________________

About Your Clinic

Accessibility: Car ( ) Bus ( ) Taxi ( ) Disabled ( )

Clinic Hours:	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	
Open at								
Lunch								
Close at								

Computer Access: Yes ( ) No ( )

Internet Access: Yes ( ) No ( )

Nurse/Staff: Yes ( ) No ( )

About Your Associated Pathology Lab

On-site ( ) 5 min. walk ( ) Same-day service ( ) Requires transport ( )

Practice Name: ____

Manager's Name: ____

Practice Address: ____

Telephone: ________________________ Fax: ______________________

Have you personally visited this pathology lab? Yes ( ) No ( )

Name of accrediting body for pathology labs: (please enclose copies of accreditations)

____

(Please copy this section and repeat the information for all labs you are using)

About Your Associated Pathology Lab

On-site ( )   5 min. walk ( )   Same-day service ( )   Requires transport ( )

Practice Name: ______________________________

Manager's Name: ______________________________

Practice Address: ______________________________

Telephone: ____________________ Fax: ____________________

Have you personally visited this radiology lab? Yes ( ) No ( )

Name of accrediting body for radiology labs: (please enclose copies of accreditations)

(Please copy this section and repeat the information for all radiology clinics you are using)

About Your Access to Consultative Services

Do you have access to the following? (check all that apply)

Chest Physician ( )
Infectious Diseases ( )
Nephrology ( )
Psychiatrist ( )
Pediatrics ( )
Cardiology ( )
Gynecology ( )
General Surgery ( )
Oncology ( )
Psychology ( )
Neurology ( )
ENT ( )

About HIV and TB Testing

Do you perform HIV pre- and post-test counselling? Yes ( ) No ( )

What is your estimate of HIV-positive cases in the past year? ____________________

What is your estimate of positive TB cases in the past year? ____________________

I hereby certify that the information above is accurate to the best of my knowledge.

Date: ____________________

Name: ____________________ ____________________
Signature

Reading

None

You do not possess the linguistic knowledge or capabilities required to read in this language.

Some

You have the ability to understand texts on topics of limited scope, to understand very simple texts and to grasp the main idea of texts about familiar topics, and to read and understand elementary points of information such as dates, numbers, names or places.

Good

You have the ability to understand most descriptive or factual material on work-related subjects, to grasp the main idea of most documents, and to locate specific details and distinguish main from subsidiary ideas.

Fluent

You have the ability to understand texts on a wide variety of topics, to understand most complex details, inferences and fine points or meanings, and to read with good comprehension specialized or less familiar material.

Writing

None

You do not possess the linguistic knowledge or capabilities required to write in this language.

Some

You have the ability to write very limited units of information, and to write isolated words, phrases, simple statements or questions on very familiar topics using words of time, place or person.

Good

You have the ability to write short descriptive or factual texts, and to write with sufficient mastery of grammar and vocabulary to deal with explicit information on work-related topics.

Fluent

You have the ability to write explanations or descriptions in a variety of informal and formal work-related situations, to write texts in which the ideas are developed and presented in a coherent manner, and to write texts in which vocabulary, grammar and spelling are generally appropriate and require few corrections.

Oral Interaction
None You do not possess the linguistic knowledge or capabilities required to communicate orally in this language. **Some** You have the ability to speak within a very limited scope, to say isolated words, phrases, simple statements or questions on very familiar topics using words of time, place or person. **Good** You have the ability to communicate on a basic level, using work-related general explanations or descriptions. You have a sufficient level of vocabulary to get by on simple, work-related topics. You are able to provide adequate details and converse on a basic level. **Fluent** You have the ability to communicate orally without any significant difficulties. Your vocabulary allows you to carry on conversations on various topics and provide more complex details and descriptions of events. You also have the ability to comprehend what other people are saying and respond without any substantial difficulties or delays.

Appendix XIV:
DMP Acceptance of Appointment Form

DMP Acceptance of Appointment Form

I ____, of

(First Name, Initial, Surname)

(Practice address)

Accept the offer of appointment as a practitioner performing Canadian immigration medical examinations. I acknowledge that I have read, understand and accept the instructions, directions and guidelines in the *Handbook for Designated Medical Practitioners*.

I understand that by accepting this appointment, I agree to undertake Canadian immigration medical examinations in the manner and format defined and directed in the handbook. The handbook sets out the rules and standards of my appointment. I also agree to adhere to and follow the policies, procedures and guidance outlined in the handbook and/or provided by CIC medical officials, and any changes to these policies and procedures as may be made by CIC from time to time.

________________________________ Date: _______/_____/_____

(Print Name) YYYY MM DD

____

(Signature)

Appendix XV:
Sample IFHP eligibility documents

The name of the IFHP eligibility document can be either "The Refugee Protection Claimant Document" or "The Interim Federal Health Certificate of Eligibility."

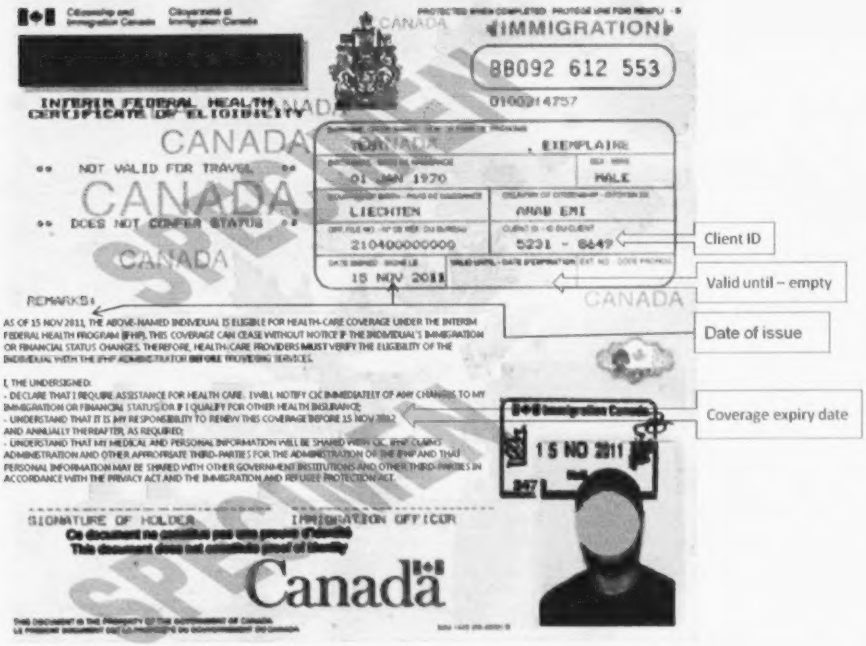
In addition to an IFHP eligibility document, those IFHP recipients, who have been referred for a repeat immigration medical examination (IME), must present the IMM 1017 Medical Report referral form.

The eligibility paragraph appears in the body of the text of an IFHP eligibility document which is followed by the recipient's signature. The IFHP initial coverage expiry date is indicated in the eligibility paragraph. The recipients are advised of their responsibility to renew their coverage before the expiry date and annually thereafter, as required.

IMPORTANT: Do not refer to the date in the "Valid Until" section in the upper right corner of the document to determine IFH coverage.

The Refugee Protection Claimant Document (RPCD), in the "Valid until" date field, shows the date of expiration of the Document and not of the IFHP coverage. The Interim Federal Health Certificate of Eligibility (IFHC) does not show a "Valid until" date. However, in both RPCD and IFHC the date of the IFHP coverage expiration is shown in the body of the text which is followed by the recipient's signature.

Interim Federal Health Certificate of Eligibility (IFHC)



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[redacted]

IMMIGRATION

BB092 612 553

0100214757

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

CANADA

** NOT VALID FOR TRAVEL **

** DOES NOT CONFER STATUS **

[illegible], EXEMPLAIRE	
01 JAN 1970	MALE
LIECHTEN	ARAB EMI
210400000000	5231 - 8649
15 NOV 2011	

REMARKS:

AS OF 15 NOV 2011, THE ABOVE-NAMED INDIVIDUAL IS ELIGIBLE FOR HEALTH-CARE COVERAGE UNDER THE INTERIM FEDERAL HEALTH PROGRAM (IFHP). THIS COVERAGE CAN CEASE WITHOUT NOTICE IF THE INDIVIDUAL'S IMMIGRATION OR FINANCIAL STATUS CHANGES. THEREFORE, HEALTH-CARE PROVIDERS MUST VERIFY THE ELIGIBILITY OF THE INDIVIDUAL WITH THE IFHP ADMINISTRATOR BEFORE PROVIDING SERVICES.

I, THE UNDERSIGNED:
- DECLARE THAT I REQUIRE ASSISTANCE FOR HEALTH CARE. I WILL NOTIFY CIC IMMEDIATELY OF ANY CHANGES TO MY IMMIGRATION OR FINANCIAL STATUS OR IF I QUALIFY FOR OTHER HEALTH INSURANCE;
- UNDERSTAND THAT IT IS MY RESPONSIBILITY TO RENEW THIS COVERAGE BEFORE 15 NOV 2012 AND ANNUALLY THEREAFTER, AS REQUIRED;
- UNDERSTAND THAT MY MEDICAL AND PERSONAL INFORMATION WILL BE SHARED WITH CIC, IFHP CLAIMS ADMINISTRATION AND OTHER APPROPRIATE THIRD-PARTIES FOR THE ADMINISTRATION OF THE IFHP AND THAT PERSONAL INFORMATION MAY BE SHARED WITH OTHER GOVERNMENT INSTITUTIONS AND OTHER THIRD-PARTIES IN ACCORDANCE WITH THE PRIVACY ACT AND THE IMMIGRATION AND REFUGEE PROTECTION ACT.

Immigration Canada 15 NO 2011 247

SIGNATURE OF HOLDER IMMIGRATION OFFICER

Ce document ne constitue pas une preuve d'identité
This document does not constitute proof of identity

Canada

THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

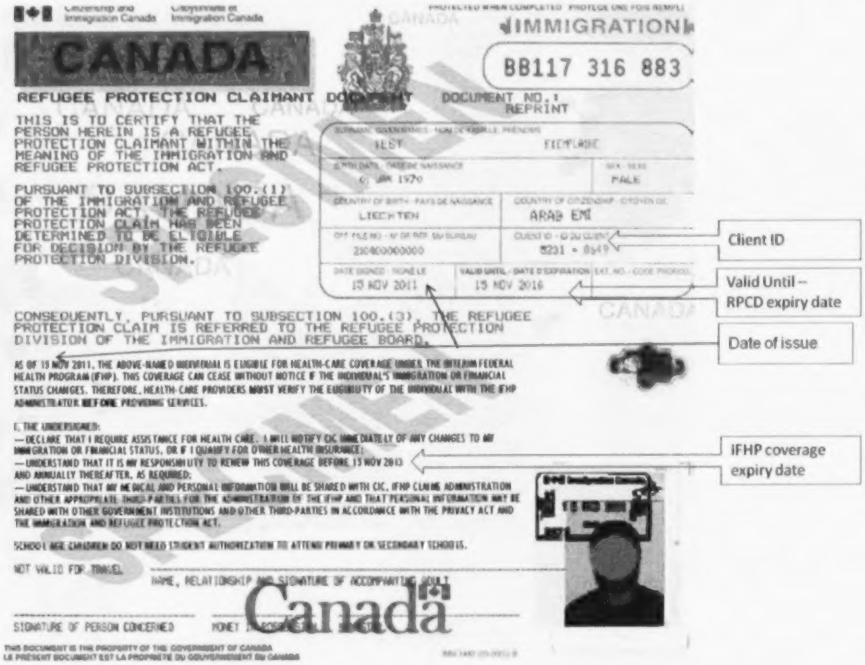
Client ID

Valid until – empty

Date of issue

Coverage expiry date

Refugee Protection Claimant Document (RPCD)



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CANADA

IMMIGRATION

BB117 316 883

REFUGEE PROTECTION CLAIMANT DOCUMENT

DOCUMENT NO.:
REPRINT

THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT.

PURSUANT TO SUBSECTION 100.(1) OF THE IMMIGRATION AND REFUGEE PROTECTION ACT, THE REFUGEE PROTECTION CLAIM HAS BEEN DETERMINED TO BE ELIGIBLE FOR DECISION BY THE REFUGEE PROTECTION DIVISION.

SURNAME, GIVEN NAMES · NOM DE FAMILLE, PRÉNOMS TEST EXEMPLAIRE		
BIRTH DATE · DATE DE NAISSANCE 01 JAN 1970		SEX · SEXE MALE
COUNTRY OF BIRTH · PAYS DE NAISSANCE LIECHTEN	COUNTRY OF CITIZENSHIP · CITOYEN DE ARAB EMI	
OFF. FILE NO. · Nº DE RÉF. DU BUREAU 210400000000	CLIENT ID · ID DU CLIENT 5231 - 8649	
DATE SIGNED · SIGNÉ LE 15 NOV 2011	VALID UNTIL · DATE D'EXPIRATION 15 NOV 2016	EXT. NO. · CODE PROROG.

CONSEQUENTLY, PURSUANT TO SUBSECTION 100.(3), THE REFUGEE PROTECTION CLAIM IS REFERRED TO THE REFUGEE PROTECTION DIVISION OF THE IMMIGRATION AND REFUGEE BOARD.

AS OF 15 NOV 2011, THE ABOVE-NAMED INDIVIDUAL IS ELIGIBLE FOR HEALTH-CARE COVERAGE UNDER THE INTERIM FEDERAL HEALTH PROGRAM (IFHP). THIS COVERAGE CAN CEASE WITHOUT NOTICE IF THE INDIVIDUAL'S IMMIGRATION OR FINANCIAL STATUS CHANGES. THEREFORE, HEALTH-CARE PROVIDERS MUST VERIFY THE ELIGIBILITY OF THE INDIVIDUAL WITH THE IFHP ADMINISTRATOR BEFORE PROVIDING SERVICES.

I, THE UNDERSIGNED:
— DECLARE THAT I REQUIRE ASSISTANCE FOR HEALTH CARE. I WILL NOTIFY CIC IMMEDIATELY OF ANY CHANGES TO MY IMMIGRATION OR FINANCIAL STATUS, OR IF I QUALIFY FOR OTHER HEALTH INSURANCE;
— UNDERSTAND THAT IT IS MY RESPONSIBILITY TO RENEW THIS COVERAGE BEFORE 15 NOV 2013 AND ANNUALLY THEREAFTER, AS REQUIRED;
— UNDERSTAND THAT MY MEDICAL AND PERSONAL INFORMATION WILL BE SHARED WITH CIC, IFHP CLAIMS ADMINISTRATION AND OTHER APPROPRIATE THIRD-PARTIES FOR THE ADMINISTRATION OF THE IFHP AND THAT PERSONAL INFORMATION MAY BE SHARED WITH OTHER GOVERNMENT INSTITUTIONS AND OTHER THIRD-PARTIES IN ACCORDANCE WITH THE PRIVACY ACT AND THE IMMIGRATION AND REFUGEE PROTECTION ACT.

SCHOOL AGE CHILDREN DO NOT NEED STUDENT AUTHORIZATION TO ATTEND PRIMARY OR SECONDARY SCHOOLS.

NOT VALID FOR TRAVEL

NAME, RELATIONSHIP AND SIGNATURE OF ACCOMPANYING ADULT

SIGNATURE OF PERSON CONCERNED MONEY [illegible]

Canada

THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

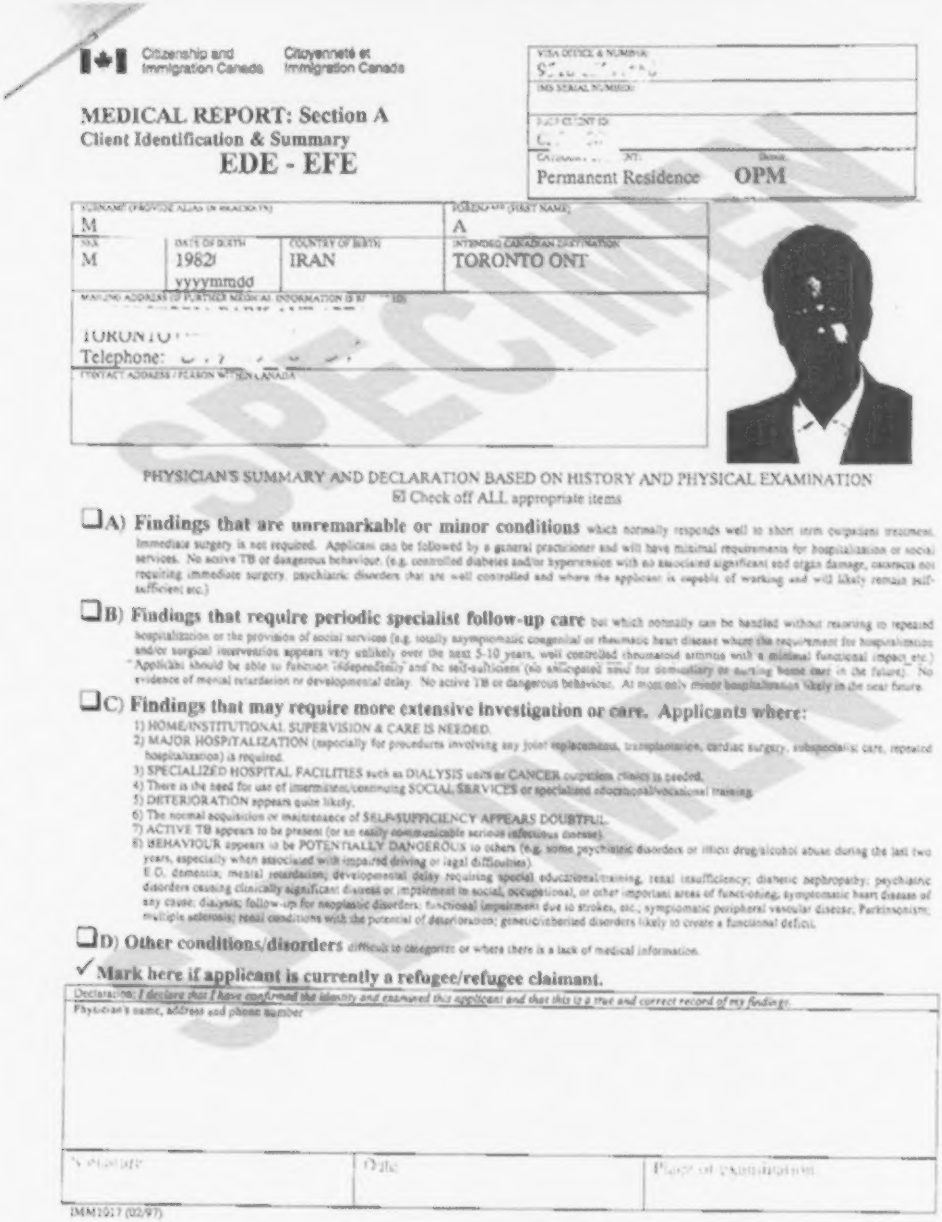
Client ID

Valid Until –
RPCD expiry date

Date of issue

IFHP coverage expiry date

IMM 1017 Medical Report: Section A form with an OPM stamp



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MEDICAL REPORT: Section A
Client Identification & Summary
EDE - EFE

VISA OFFICE & NUMBER: [redacted]
IMS SERIAL NUMBER:
FOSS CLIENT ID: [redacted]
CATEGORY: Permanent Residence
Status: OPM

SURNAME (PROVIDE ALIAS IN BRACKETS) M			FORENAME (FIRST NAME) A
SEX M	DATE OF BIRTH 1982 [redacted] yyyymmdd	COUNTRY OF BIRTH IRAN	INTENDED CANADIAN DESTINATION TORONTO ONT

MAILING ADDRESS (IF FURTHER MEDICAL INFORMATION IS REQUIRED)
[redacted]
TORONTO [redacted]
Telephone: [redacted]

CONTACT ADDRESS / PERSON WITHIN CANADA

SPECIMEN

PHYSICIAN'S SUMMARY AND DECLARATION BASED ON HISTORY AND PHYSICAL EXAMINATION
☒ Check off ALL appropriate items

☐ A) **Findings that are unremarkable or minor conditions** which normally responds well to short term outpatient treatment. Immediate surgery is not required. Applicant can be followed by a general practitioner and will have minimal requirements for hospitalization or social services. No active TB or dangerous behaviour. (e.g. controlled diabetes and/or hypertension with no associated significant end organ damage, cataracts not requiring immediate surgery, psychiatric disorders that are well controlled and where the applicant is capable of working and will likely remain self-sufficient etc.)

☐ B) **Findings that require periodic specialist follow-up care** but which normally can be handled without resorting to repeated hospitalization or the provision of social services (e.g. totally asymptomatic congenital or rheumatic heart disease where the requirement for hospitalization and/or surgical intervention appears very unlikely over the next 5-10 years, well controlled rheumatoid arthritis with a minimal functional impact etc.) Applicant should be able to function independently and be self-sufficient (no anticipated need for domiciliary or nursing home care in the future). No evidence of mental retardation or developmental delay. No active TB or dangerous behavior. At most only minor hospitalization likely in the near future.

☐ C) **Findings that may require more extensive investigation or care. Applicants where:**
1) HOME/INSTITUTIONAL SUPERVISION & CARE IS NEEDED.
2) MAJOR HOSPITALIZATION (especially for procedures involving any joint replacements, transplantation, cardiac surgery, subspecialist care, repeated hospitalization) is required.
3) SPECIALIZED HOSPITAL FACILITIES such as DIALYSIS units or CANCER outpatient clinics is needed.
4) There is the need for use of intermittent/continuing SOCIAL SERVICES or specialized educational/vocational training.
5) DETERIORATION appears quite likely.
6) The normal acquisition or maintenance of SELF-SUFFICIENCY APPEARS DOUBTFUL.
7) ACTIVE TB appears to be present (or an easily communicable serious infectious disease).
8) BEHAVIOUR appears to be POTENTIALLY DANGEROUS to others (e.g. some psychiatric disorders or illicit drug/alcohol abuse during the last two years, especially when associated with impaired driving or legal difficulties).
E.G. dementia; mental retardation; developmental delay requiring special educational/training, renal insufficiency; diabetic nephropathy; psychiatric disorders causing clinically significant distress or impairment in social, occupational, or other important areas of functioning; symptomatic heart disease of any cause; dialysis; follow-up for neoplastic disorders; functional impairment due to strokes, etc.; symptomatic peripheral vascular disease; Parkinsonism; multiple sclerosis; renal conditions with the potential of deterioration; genetic/inherited disorders likely to create a functional deficit.

☐ D) **Other conditions/disorders** difficult to categorize or where there is a lack of medical information.

✓ **Mark here if applicant is currently a refugee/refugee claimant.**

Declaration: *I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.*

Physician's name, address and phone number

Signature	Date	Place of examination

IMM1017 (02/97)

Appendix XVI:

Interim Federal Health Program (IFHP) Claim Forms

The IFHP Claims Administrator Medavie Blue Cross provides the adjudication and payment of claims for services to IFHP recipients.

Prior Approval and paper claim forms can be downloaded from the secure provider web portal at https://provider.medavie.bluecross.ca or by faxing a request to Medavie Blue Cross. Additional claim forms may be obtained by faxing a request to 1-506-869-9673 or by calling the toll-free number 1-888-614-1880. The request should include the title of the form and the quantity required.

Annexe XVII :

Montants versés relativement aux examens médicaux aux fins de l'immigration (EMI) dans le cadre du Programme fédéral de santé intérimaire (PFSI)

Le tableau ci-dessous est un extrait des services spécifiques pour EMI et des codes pertinents aux médecins désignés/examinateurs. Les médecins désignés/examinateurs doivent vérifier le tableau des avantages du PFSI, trouvé sur le portail du fournisseur du PFSI au https://provider.medavie.bluecross.ca/, périodiquement pour obtenir les renseignements à jour. Dans le cas de toute différence entre cette tableau et le tableau des avantages du PFSI, le tableau des avantages est considérée la source définitive.

EMI et tests pour EMI (pour les médecins désignés/examinateurs seulement)

Description de l'avantage	Code d'avantage	Date d'effet	Montant maximum en dollars	Commentaires
Examen médical aux fins de l'immigration (EMI)	0293CI	01-Jun-10	115,00 $ par examen	Peut seulement être effectué par un médecin désigné/examinateur
EMI – Veniopuncture	0293V	01-Jun-10	9,60 $	
EMI – Radiographie pulmonaire	0293CX	01-Jun-10	42,10 $	
EMI – Examen en laboratoire (analyse des urines)	0293L	01-Jun-10	2,90 $	
EMI – Laboratoire de recherche sur les maladies vénériennes	0293VDRL	01-Jun-10	15,75 $	
EMI – Test en laboratoire pour le VIH	0293HLT	01-Jun-10	21,00 $	
EMI – Consultation suivant le test pour le VIH	0293PH	01-Jun-10	119,95 $	
EMI – Test de confirmation du VIH*	0293HIV	08-Aou-11	156,00 $	NOTE A
EMI – Test de confirmation de la syphilis*	0293SCT	08-Aou-11	118,00 $	NOTE B
EMI – Documents de laboratoire*	0293LD	08-Aou-11	7,76 $	NOTE C
Cas différés – Médecin désigné/examinateur (préoccupations en matière de santé et de sécurité du public seulement)*	0293FPHD	08-Aou-11	35,00 $	NOTE D Peut seulement être effectué par un médecin désigné/examinateur
Cas différés - Médecin spécialiste (préoccupations en matière de santé et de sécurité du public seulement)*	0293FPHM	08-Aou-11	75,80 $	NOTE E
Frottis d'expectoration (tuberculose)*	0293TB	08-Aou-11	11,37 $	
Codes combinés des EMI : EMI + analyse des urines*	0293EU	08-Aou-11	117,90 $	NOTE F
Codes combinés des EMI : EMI + analyse des urines + veniopuncture*	0293EVU	08-Aou-11	127,50 $	NOTE G

* Nouveau taux introduit le 8 aout 2011; à été appliqué pour une période rétroactive de 6 mois.

NOTE A : Le test de confirmation du VIH peut comprendre ce qui suit : transfert Western, immunotransfert, test de radio-immunoprécipitation, immunofluorescence.

NOTE B : Le test de confirmation de la syphilis peut comprendre ce qui suit : TP-PA, test FTA-ABS, INNO-LIA.

NOTE C :
a) Les avantages concernant les documents du patient et la manipulation des échantillons sont limités à un par patient, par jour.
b) Les frais peuvent seulement être perçus par les laboratoires.
c) Ne s'applique pas aux visites effectuées par les patients seulement en vue d'obtenir des directives ou de ramasser des contenants.
d) Lorsque plus d'un test est demandé pour le même patient, le même jour, seuls les frais pour un service sont exigibles.

NOTE D : Frais visant les cas différés qui présentent des préoccupations en matière de santé ou de sécurité du public seulement.
Le service peut seulement être effectué par un médecin désigné/examinateur.

NOTE E : Frais visant les cas différés comprennent des enquêtes sur des cas qui présentent des préoccupations en matière de santé ou de sécurité du public seulement, enquêtes qui peuvent seulement être effectuées par un médecin spécialiste. Aiguillage de la part d'un médecin désigné/examinateur nécessaire.

NOTE F : Les codes combinés des EMI comprennent ce qui suit : EMI et examen en laboratoire dans le cadre d'un EMI – analyse des urines.
Les frais ne sont pas exigibles si une demande comportant un des codes suivants est présentée en même temps : 0293CI ou 0293L.

NOTE G : Les codes combinés des EMI comprennent ce qui suit : EMI, veniopuncture dans le cadre d'un EMI et examen en laboratoire dans le cadre d'un EMI.
Les frais ne sont pas exigibles si une demande comportant un des codes suivants est présentée en même temps : 0293CI, 0239V ou 0293L.

Appendix XVIII:

DMP's Acknowledgment of Having Read the Handbook

I acknowledge that I have received and read the 2009 Edition of the CIC *Handbook for Designated Medical Practitioners.*

I have questions or require assistance in interpreting some aspects of the handbook.

YES ( ) NO ( )

______________________________ Date: _______/_____/_____
(Print Name) YYYY MM DD

______________________________ ______________________
(Signature) (Stamp #)

____

____
(Address)

Thank You,

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